



# 2019 Maricopa County Community Health Assessment: Community Surveys Report

# June 2020

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# Acknowledgements

A work of this magnitude can be accomplished only through a collaborative effort involving groups and individuals too numerous to name. Here we recognize many of our effort's key leaders, supporters, and contributors, but we also wish to thank the many others whose participation and assistance enriched the process and made this final product possible. The Synapse coalition informed the development and strategy of the Community Health Assessment (CHA) survey and Health Improvement Partnership of Maricopa County (HIPMC) ensured it reached all corners of our community.

**Synapse Coalition-** The Synapse coalition is a partnership between non-profit hospitals, Federally Qualified Healthcare Centers and other community partners to collect data that informs investment into the most pressing needs of our community. Members of the 2019 partnership are:



**HIPMC-** The Health Improvement Partnership of Maricopa County (HIPMC), has grown into a collaborative effort of the Maricopa County Department of Public Health and more than 100 public and private organizations united by shared vision



and common values of collaboration, diversity, education, health equity, and access for all. Please refer to the overall community health assessment report 3.0 for the full list of organizations.

## **Coordinated Community Health Assessment: Community Survey**

### **Overview**

In 2019 Maricopa County Department of Public Health (MCDPH) made a commitment to continue to expand its reach and increase community insight. With this goal in mind MCDPH partnered with an extensive network of community-based agencies and healthcare partners to collect community surveys from residents and professionals within Maricopa County. This survey is part of the Coordinated Maricopa County Community Health Needs Assessment (CCHNA) designed to identify priority health issues, resources and barriers to care within Maricopa County through a community-driven process known as Mobilizing for Action through Planning and Partnerships (MAPP). Of the four primary components of the MAPP framework, the surveys were specifically targeted toward the Community Themes and Strengths and Community Health Status Assessments.

Survey questions were grouped into sections (Physical and Mental Health, Health Care and Living Expenses, Barriers and Strengths of the Community, and Health and Wellness of the Community). All regional, city, and zone profiles will be available in the appendix and linked to our report page.

This report details the results of all surveys collected between February 2019 and June 2019.

### **Methods and Sample**

The surveys are intended to provide information about prominent health problems facing the community, as well as those factors contributing to overall quality of life. The information gathered is essential in supporting prevention and, intervention planning and needs assessments at the local level.

The topics addressed in this section include the survey questionnaires, how it was administered, and participant demographics.

## Questionnaire

The survey questionnaire was originally developed by the National Association of County and City Health Officials (NACCHO). The survey was modified from its original version by members of the Synapse Coalition, a group of non-profit hospitals and federally qualified health care providers, the Health Improvement Partnership of Maricopa County (HIPMC), and MCDPH staff. Response options were expanded from the original format to include additional health issues and social determinants of health.

The community survey has a total of 22 questions which range from demographics, perspectives on quality of life, and important issues and behaviors impacting health of the community and individual. Please see Appendix D for the complete versions of the survey.

The questionnaire was provided on a digital platform using Qualtrics® and hosted on the Maricopa Health Matters website ([maricopahealthmatters.org](http://maricopahealthmatters.org)) in addition to a paper format. All surveys were provided in English and Spanish. There was minimal request for additional language translations, so we worked with partners who were able to assist individuals as translators to complete the survey. The digital survey was sent out via extensive community partner networks throughout Maricopa County, hospital/healthcare systems, municipalities, school districts, and social media, our internal programs allowing us to maximize resources.

## Participants

The summary of participant characteristics below provides the demographic breakdown for responses from community residents. It is important to note that not all respondents provided their demographic information and not all participants answered every question.

The goal for the community survey was 15,000 responses and this was achieved by June 31, 2019. However, once all data was scrubbed to ensure usability a total of 11,893 surveys were collected within Maricopa County from community residents ages 14 and above. This outreach and countywide collaboration garnered a 100% increase from our last CCHNA survey cycle.

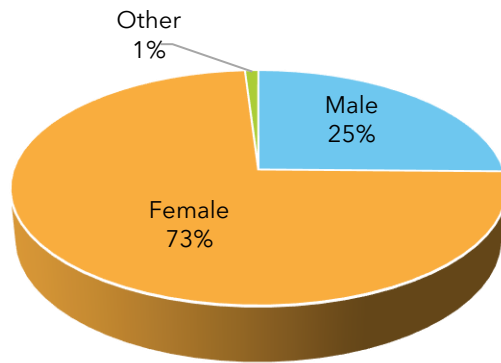
Community representation was our goal. We wanted to ensure that this survey provided as much insight from all corners of the county. We worked with our Epi and evaluation team to identify a goal for each Maricopa County city/township to determine representation.

City	Goal #	Actual
Avondale	308	<b>325</b>
Buckeye	234	<b>284</b>
Carefree	14	<b>62</b>
Cave Creek (incl. New River and Anthem)	163	<b>137</b>
Chandler (incl. Sun Lakes)	980	<b>382</b>
El Mirage	130	<b>130</b>
Fountain Hills (incl. Rio Verde)	99	<b>148</b>
Gila Bend (incl. Gila Crossing)	10	<b>63</b>
Gilbert	875	<b>372</b>
Glendale	911	<b>628</b>
Goodyear	283	<b>382</b>
Litchfield Park (incl. Citrus Park)	40	<b>120</b>
Mesa	1807	<b>890</b>
Peoria	608	<b>306</b>
Phoenix (incl. Komatke & St. Johns)	5942	<b>4034</b>
Queen Creek	126	<b>120</b>
Scottsdale	902	<b>510</b>
Sun City & Sun City West	242	<b>712</b>
Surprise (incl. Wittmann)	490	<b>273</b>
Tempe (incl. Guadalupe)	696	<b>510</b>
Tolleson	27	<b>122</b>
Wickenburg (incl. Aguila)	31	<b>157</b>
Youngtown	25	<b>36</b>



# Summary of Participant Characteristics

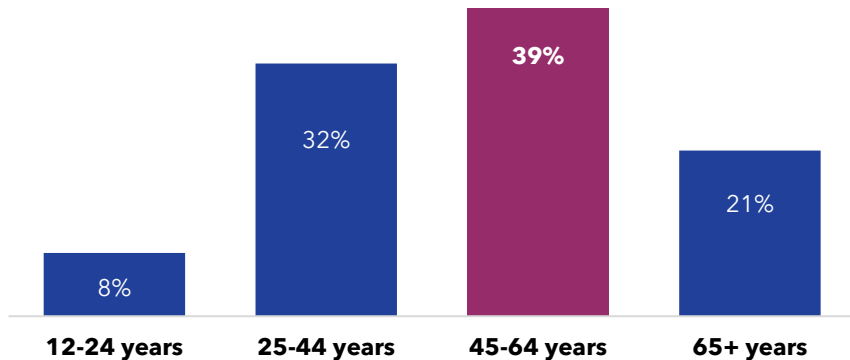
The **majority** of survey participants were **female**.



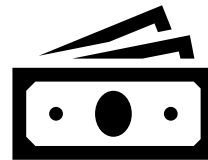
Over **60%** of survey participants identified as **White**.



<b>White</b>	61%
Asian	25%
Hispanic	4%
Black	3%
American Indian	2%
Other	6%



Almost **40%** of survey participants were between ages **45 to 64 years old**.



**20%** of survey participants reported a household income of **less than \$20,000**

**50%** reported **at least a college degree** as their highest level of education completed.



## **Recruitment**

The survey was widely publicized with community and healthcare partners prior to March 1st to secure presence at community events and provide online advertisement to redirect individuals to the survey. MCDPH staff also conducted multiple community presentations on the purpose and process for the community survey in preparation. The goal was to create awareness for the survey and encourage as many partners to participate, promote, and disseminate. This extensive outreach provided opportunities and contacts for in person outreach at an estimated 50 community events during the survey collection period. Funds were allocated to hire four Community Health Workers to attend events and increase outreach at community events with a special focus on African American, Native American, and Latino communities. Additional funds were used to work with an advertising firm to increase social media presence and bring people to the Maricopa Health Matters website. Members of the HIPMC and Synapse Coalition, and Collective STEP for Youth Coalition (STEP) distributed marketing materials for the survey throughout their networks (See Appendix E). Paper surveys were distributed along with promotional incentives at farmers markets, community festivals, health fairs, employment fairs, conferences, and a variety of other community outreach events. Paper-form surveys were distributed at several Women, Infant, and Children (WIC) locations throughout Maricopa County and the Vital Registration Office located in Central Phoenix. MCDPH monitored all survey entries and outreach efforts on a weekly basis to collect real-time data on population representation. This provided us with the ability to re-direct outreach efforts and reach out to community partners who had presence and influence within special population groups that were lacking representation.

## **Race Stratification**

All participants were asked to identify which race and ethnic population they most identified with. Not all participants responded, and some respondents selected multiple race and/or ethnic populations. Results combined Asian, Hawaiian or Pacific Islander and Alaskan Native populations into an overall Asian population due to low participant for those race populations.

# Maricopa County Survey Results



# Physical Health and Mental Health

Maricopa County residents were asked questions related to their perception of their own physical and mental health. Physical health and mental health are not experienced in isolation and can often impact one another to exacerbate an existing condition. In cases when the impact is negative it can affect a person's ability to accomplish everyday tasks. An individual living with a mental health condition may not have the capacity to participate in health-promoting activities, thus affecting their physical health. Similarly, a physical illness can impact an individual's mental health and their ability to participate in mental health treatment and recovery services.<sup>1</sup> This section summarizes the results of physical health and mental health survey questions.

## Physical Health

Participants were asked: **"In general how would you rate your physical health?"** and given the option to circle, 'Excellent', 'Very Good', 'Good', 'Fair', or 'Poor'. Most survey participants reported their physical health as 'Good' (figure 1).

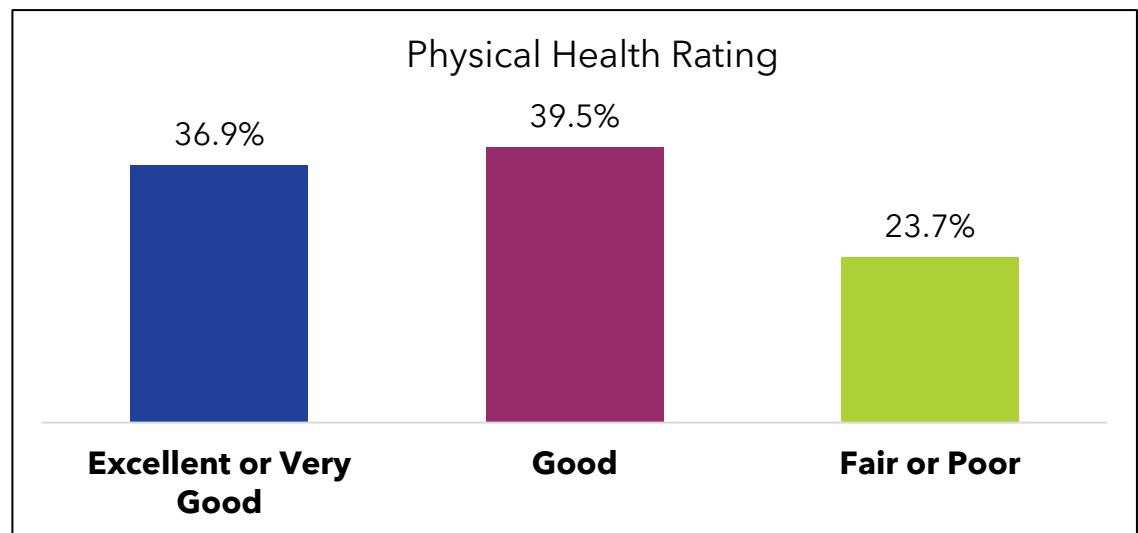


Figure 1

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563949/pdf/PCD32A61.pdf>

## Mental Health

Participants were asked: **“How would you rate your mental health, including your mood, stress level, and your ability to think?”** and given the option to circle, ‘Excellent’, ‘Very Good’, ‘Good’, ‘Fair’, or ‘Poor’. Most survey participants reported their mental health as ‘Excellent or Very Good’ (figure 2).

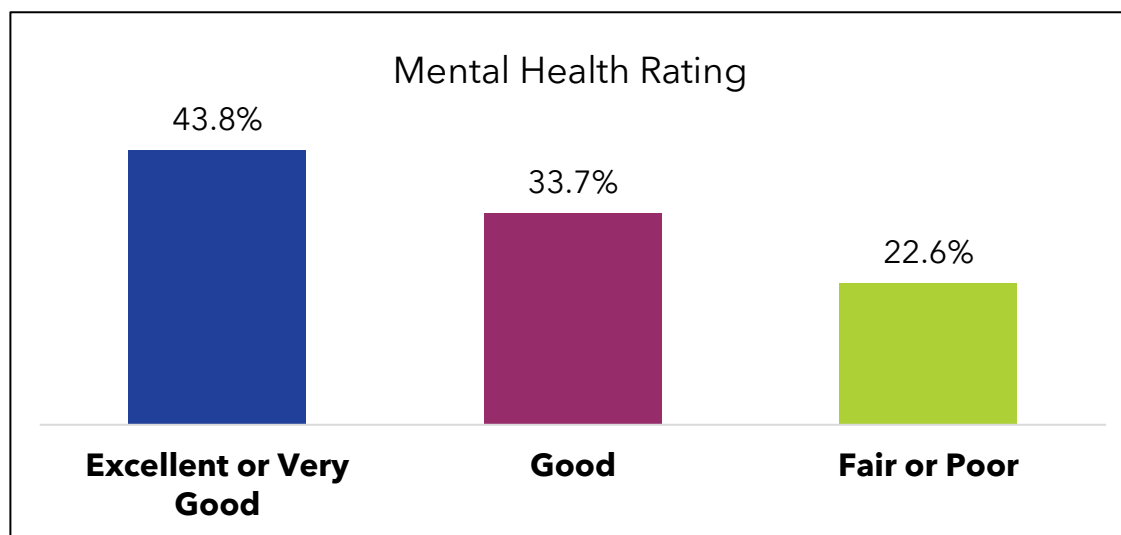


Figure 2

## Mental Health Services

Participants were asked: **“How often are you able to get the services you need to maintain your mental health?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. Most survey participants reported they are ‘Always’ able to get the services they need to maintain their mental health (figure 3).

Many children and adults living with health conditions go untreated due to lack of access to mental health services. Barriers to

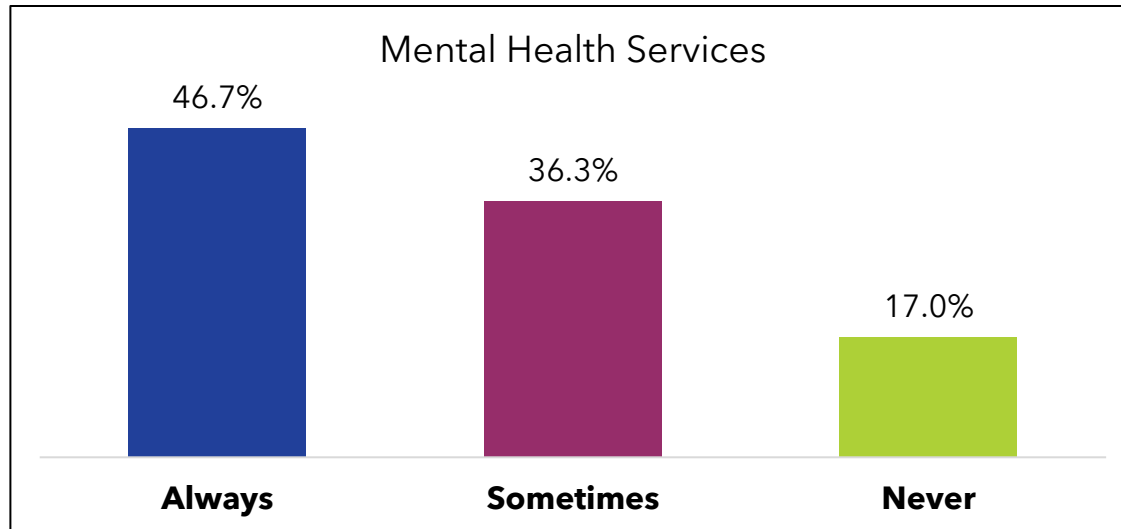


Figure 3

accessing mental health services include high costs, difficulty navigating the insurance process, and difficulty finding the right provider.<sup>2</sup>

## Life Rating

Rank where you feel you personally stand right now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life. Indicate where on the ladder you feel you personally stand right now”**.

Participants were given the option to circle a number 1 through 10. With 11,263 participant responses, results showed that (56.6%) of survey participants report that step 7, 8 or 9, represent where they stand right now (figure 4).

Rank where you think you will stand about five years from now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. On which step do you think you will stand about five years from now?”**

Participants were given the option to circle a number 1 through 10. With 11,214 participant responses, results showed (57.3%) of survey participants report that steps 8, 9 or 10 represent where they will stand about five years from now (figure 4).

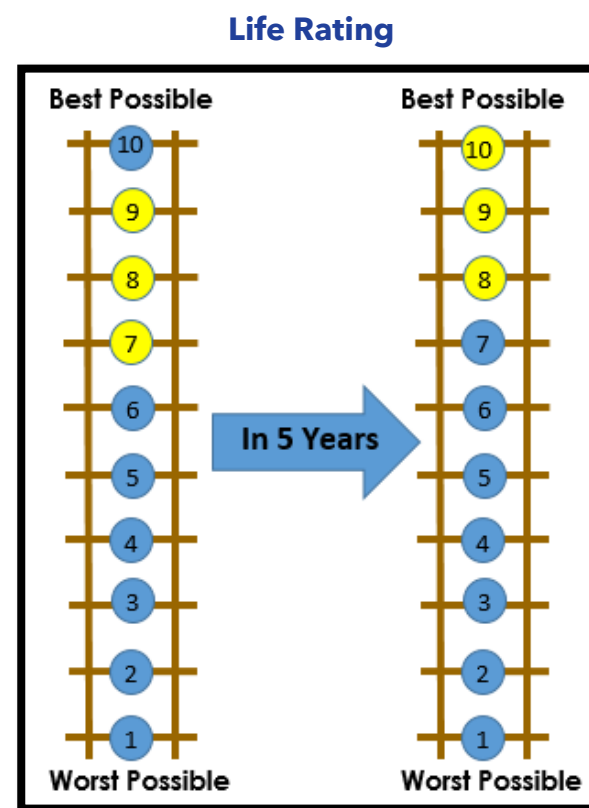


Figure 4

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563949/pdf/PCD32A61.pdf>

# Health Care and Living Expenses

Maricopa County residents were asked questions related to being able to afford to pay for living and health care expenses. The cost of health care can be a challenge for the uninsured as well as those who have health insurance coverage. Uninsured and underinsured individuals often must pay in advance for their medical coverage or negotiate a payment plan that may come with high interest rates. In Arizona, 12-14% of adults with health insurance purchased through an employer report that they spend more than 10% of their income on premium contributions.<sup>3</sup> This section summarizes the results of survey questions related to health care expenses and living expenses.

## Living Essential Expenses

Participants were asked: **“On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. Almost two-thirds of participants reported they ‘Always’ have enough money to pay for essentials on a monthly basis (figure 5).

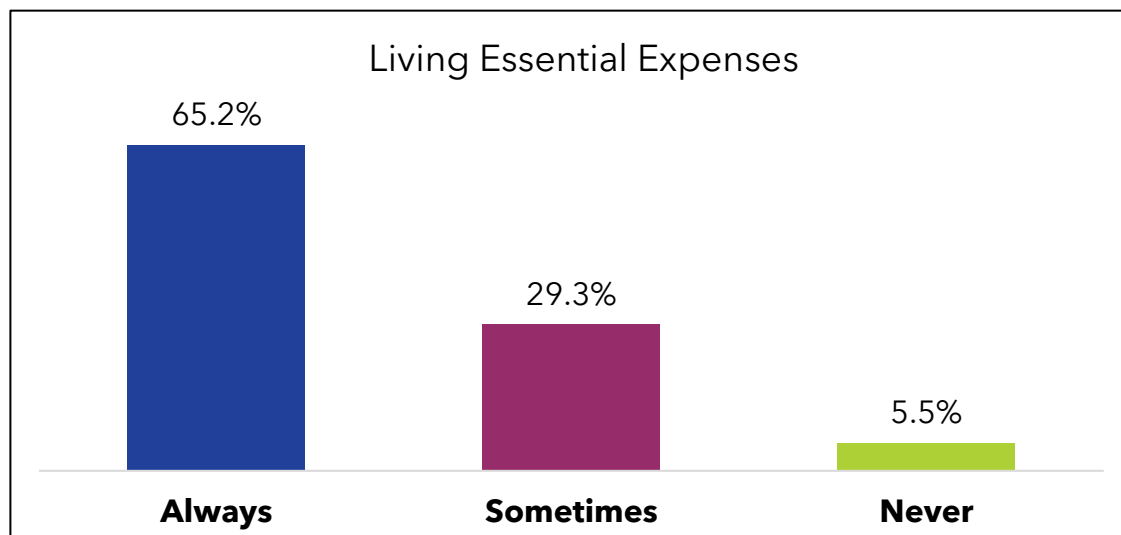


Figure 5

<sup>3</sup> [https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/#endnote\\_link\\_389478-2](https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/#endnote_link_389478-2)

## Health Care Expenses

Participants were asked: **"On a monthly basis, do you have enough money to pay for health care expenses (e.g. doctor bills, medications, etc.)?"** and given the option to circle, 'Always', 'Sometimes', or 'Never'. Half of survey participants reported they 'Always' have enough money to pay for health care expenses on a monthly basis.

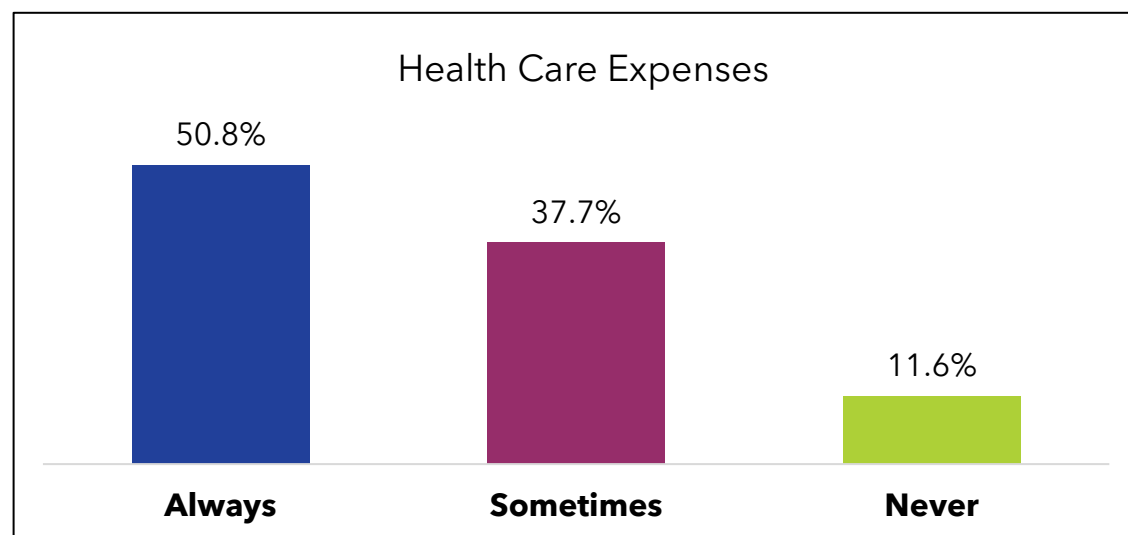


Figure 6

Research has found that those who are underinsured or uninsured report having more challenges when paying for health care expenses when compared to those with adequate health insurance coverage. This suggests that those who report sometimes or never having enough money to pay for health care expenses may also face additional challenges that come with being underinsured or uninsured such as not receiving medical care when needed or not filling a prescription.<sup>4</sup>

<sup>4</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>. Figure "Inadequate Coverage Is Associated with More Cost-Related Problems Getting Needed Care".



## Financial Rating

Please rank where you feel you stand financially right now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now”**. Participants were given the option to circle a number 1 through 10. With 11,191 participant responses, results showed that majority (62.1%) of participants report that step 5, 6, 7, or 8 represent their financial situation right now (figure 7).

### Financial Rating

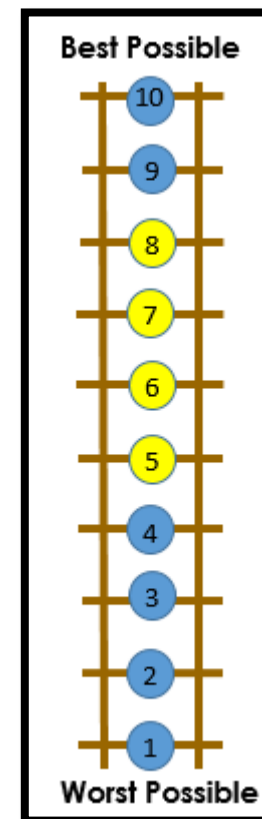


Figure 7

## Health Care Payment Methods

Participants were asked: “**How do you pay for your health care (including medications, dental and health treatments)? (Check all that apply)**” and given common options people use to pay for health care. Most survey participants reported ‘Health insurance purchased/provided through employer’ and ‘Use my own money (out of pocket)’ as common options used to pay for health care (figure 8).

Health insurance purchased or provided through an employer often comes with additional expenses, such as premiums and copays. For Arizona households with health insurance provided through an employer, the median annual out-of-pocket and premium contributions expense was \$4,000.<sup>5</sup>

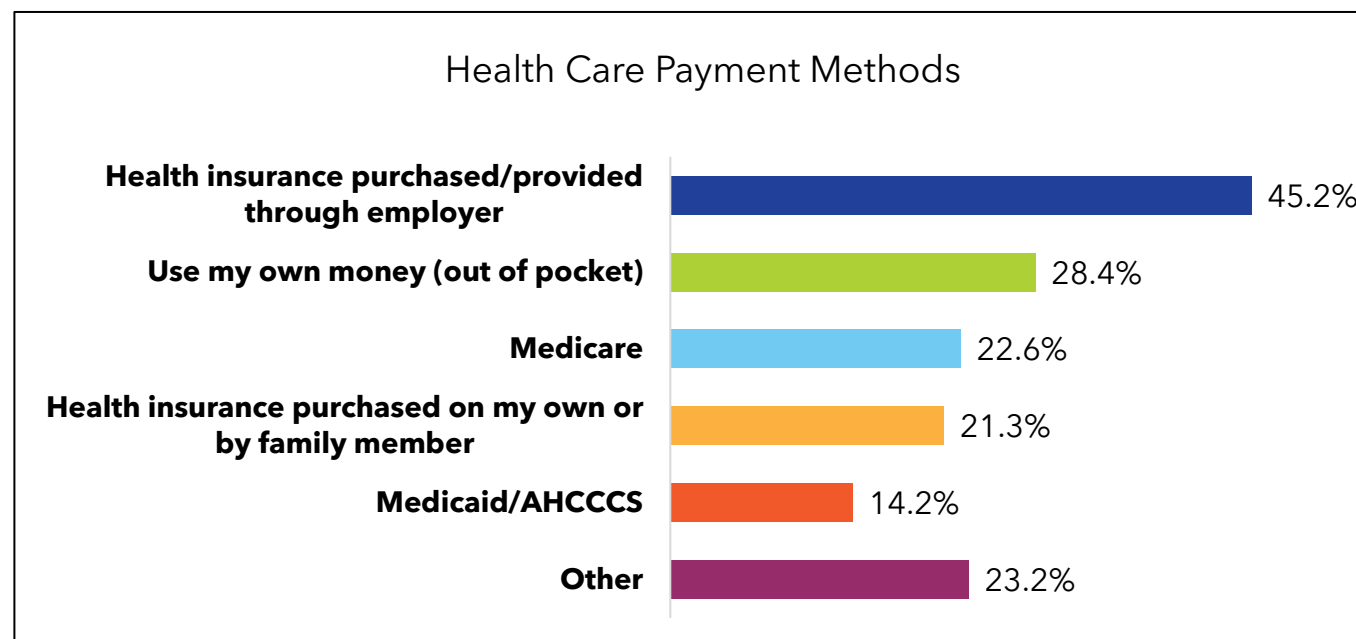


Figure 8

<sup>5</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2019/may/how-much-us-households-employer-insurance-spend-premiums-out-of-pocket>. Figure “In six states, median combined household spending on premium contributions and out-of-pocket costs was more than \$5,000.”

# The Maricopa County Community

Maricopa County residents were asked questions related to their community. This section summarizes the results of survey questions related to barriers to accessing health care in the community, strengths of the community, and health conditions and issues that impact the community. Social determinants of health play a large role in the health of residents that can hinder or advance the health of residents. Although the inability to access health care leads to many unmet medical needs, the community's economic, social, and physical environment have been shown to have a greater impact on resident's health than how often residents go to the doctor's office.<sup>6</sup>

## Community Barriers

Participants were asked: **"What are the biggest barriers to accessing healthcare in your community? (Check up to 3)"** and given the option to check common barriers of a community. Most participants reported 'Underinsured' and 'Difficulty finding the right provider for my care' as the biggest barriers to accessing healthcare in the community (figure 9).

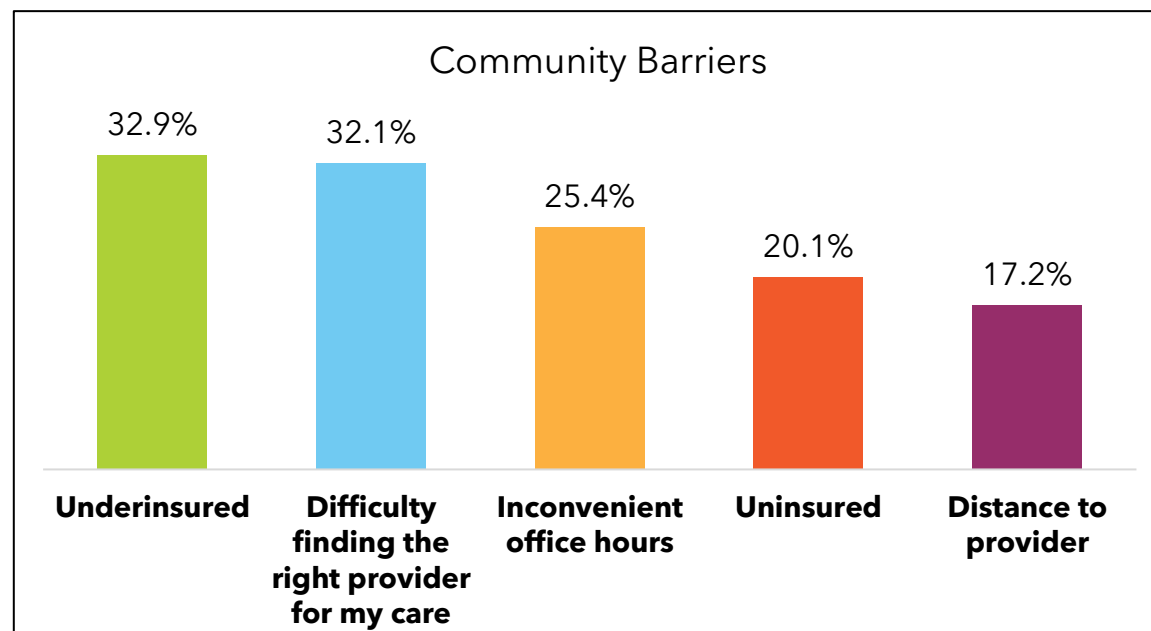


Figure 9

<sup>6</sup> <https://www.rwjf.org/en/library/research/2011/09/how-does-where-we-live--work--learn-and-play-affect-our-health-.html>

## Community Strengths

Participants were asked: **“What are the greatest strengths of your community? (Check all that apply)”** and given the option to check common strengths of a community. Most participants reported ‘Access to parks and recreation sites’ and ‘Access to public libraries and community centers’ as the greatest strengths of their community (figure 10).

It is important to note that access to parks and recreation sites and access to public libraries and community centers ranked high throughout Maricopa County even when regions, cities, and zones were isolated. This speaks volumes to the impact and opportunity that these spaces have to positively impact the community.

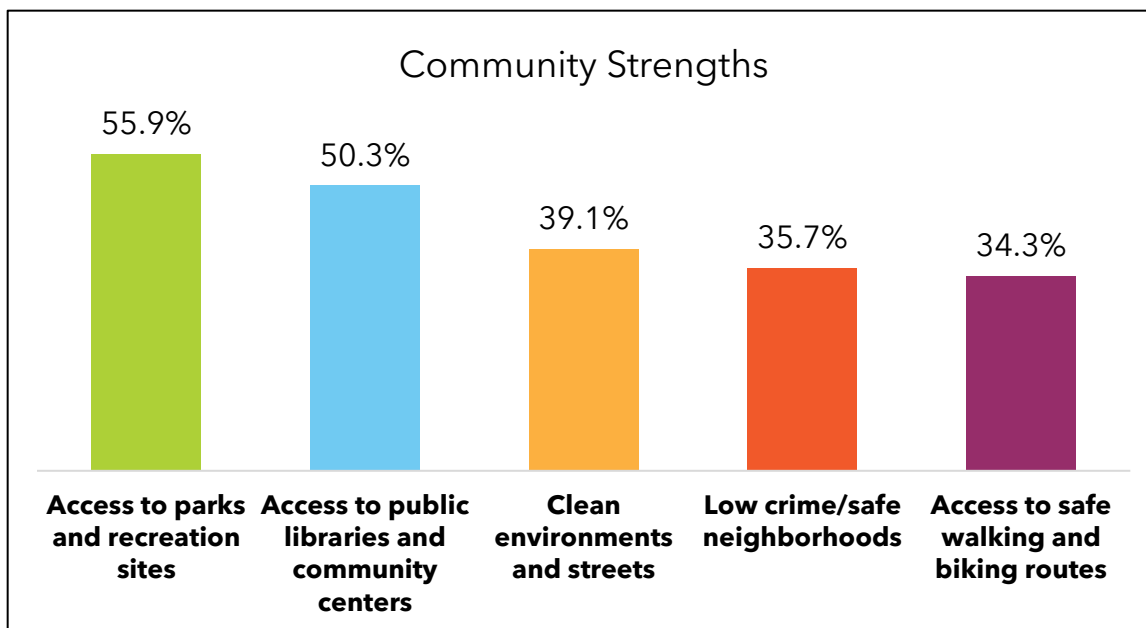


Figure 10

## Community Health Rating

Rank the health of your community

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. Which step represents the health of your community?”** Participants were given the option to circle a number 1 through 10. With 11,214 participant responses, results showed that majority (58.4%) of community members report that step 6, 7, or 8, represent the health of their community (figure 11).

### Community Health Rating

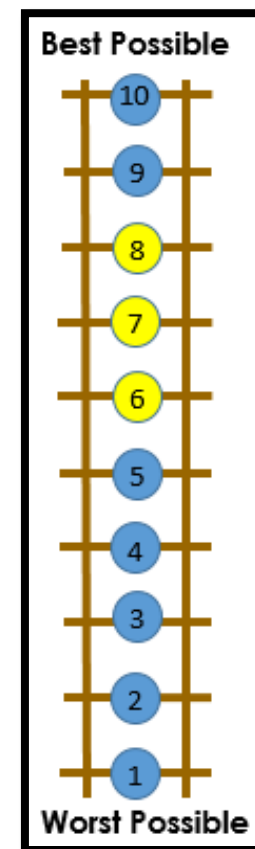


Figure 11

## Health Conditions

Participants were asked: “**Which health conditions have the greatest impact on your community’s overall health and wellness? (Check up to 5)**” and given the options to check common health conditions that affect a community. Most participants reported ‘Alcohol/substance abuse’ and ‘Overweight/obesity’ as health conditions that have the greatest impact on their community’s overall health and wellness (figure 12).

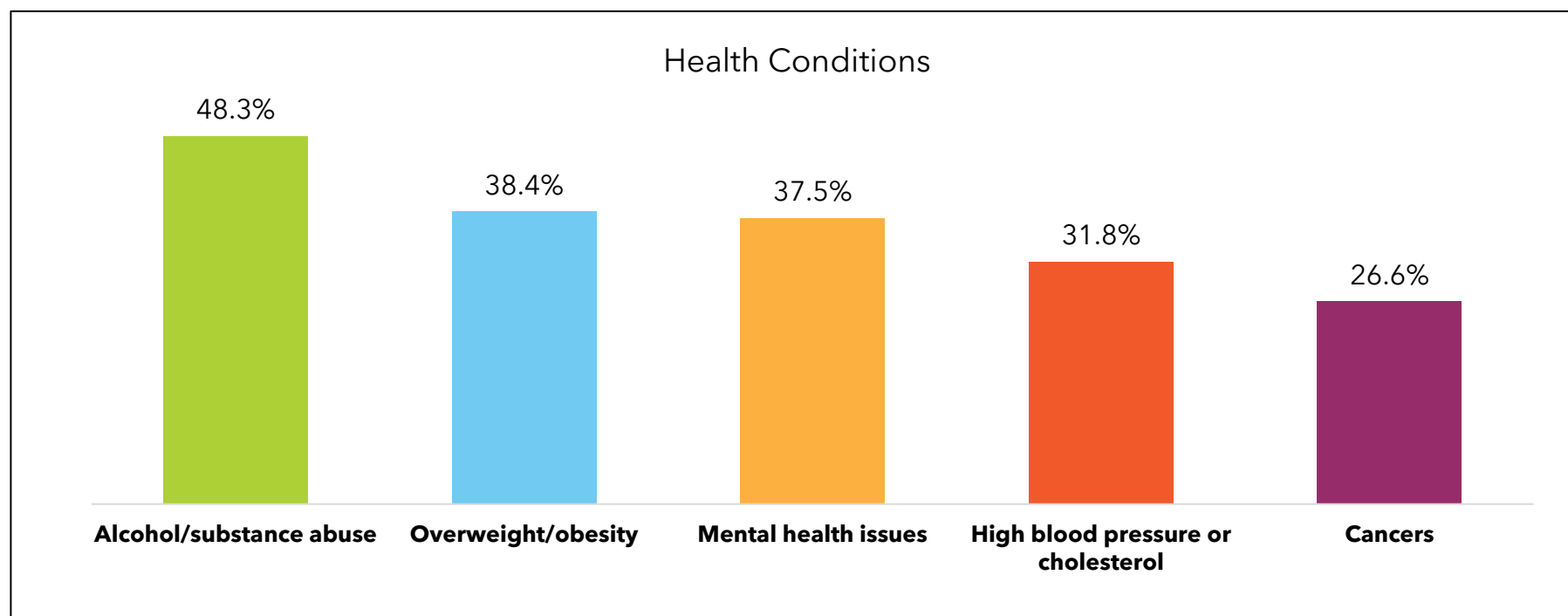


Figure 12

## Community Issues

Participants were asked: **“Which issues have the greatest impact on your community’s health and wellness? (Check up to 5)”** and given the options to check common issues that affect a community. Most participants reported ‘Distracted driving’ and ‘Homelessness’ as issues that have the greatest impact on their community’s health and wellness (figure 13).

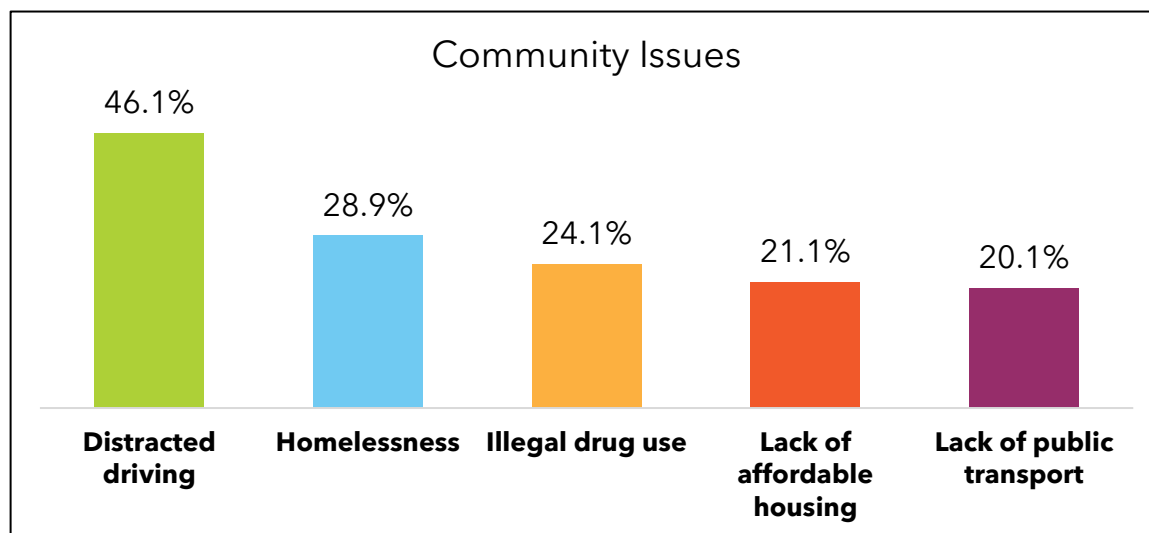


Figure 13

## Community Trust

Participants were asked: **“In your community, do people trust one another and look out for one another?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. Most participants reported in their community, they ‘Sometimes’ trust and look out for one another (figure 14).

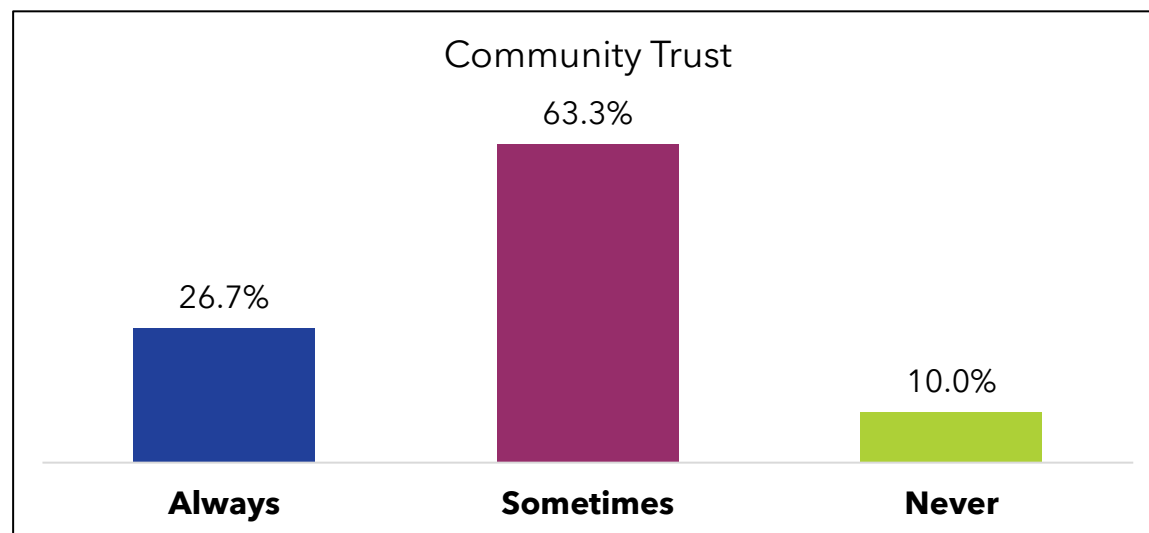
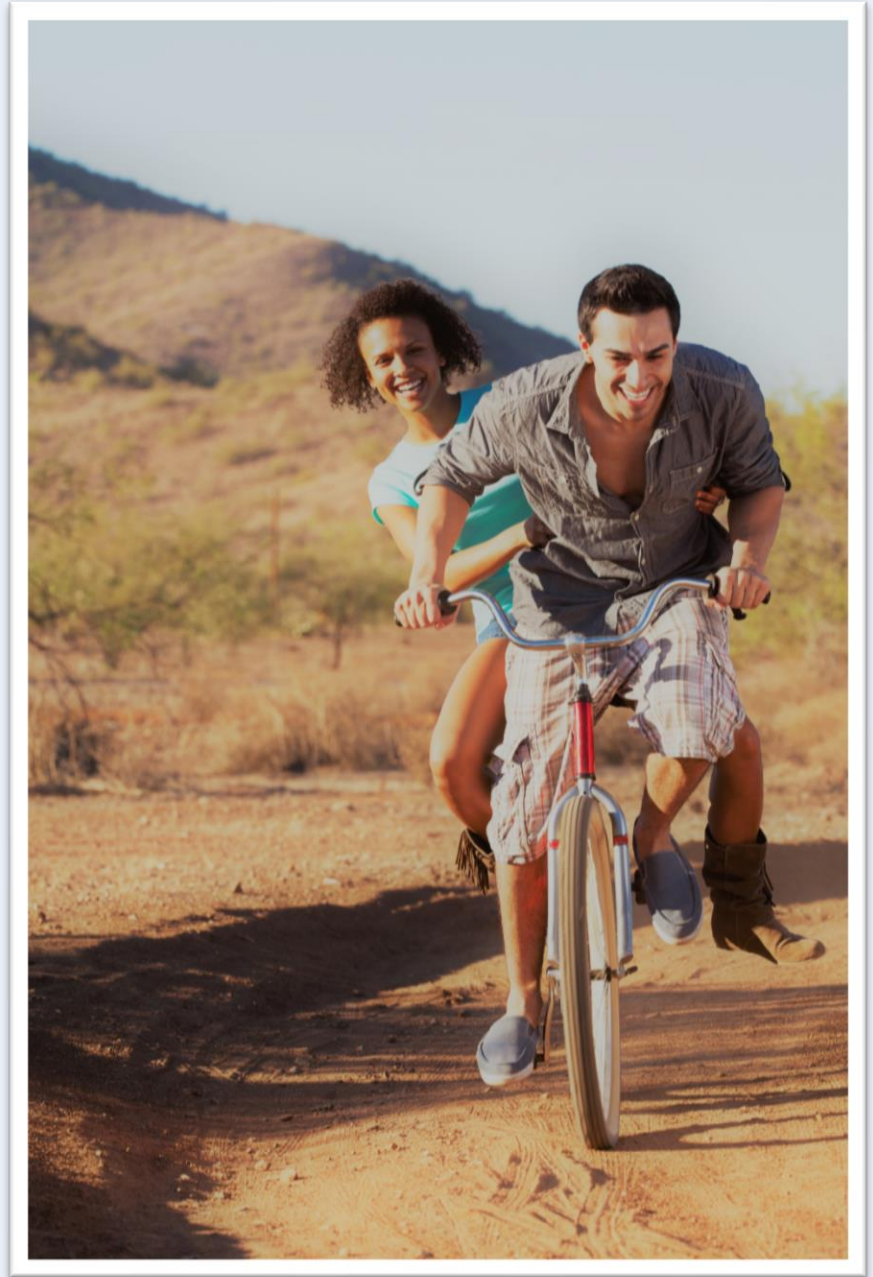


Figure 14

# Maricopa County Survey Results: Race and Ethnicity





# Physical Health and Mental Health

Maricopa County residents were asked to answer questions regarding their perception of their own physical and mental health. This section summarizes the results of physical health and mental health survey questions. Results in this section are stratified by the race or ethnic population the participant identified with the most.

## Physical Health

Participants were asked: **“In general how would you rate your physical health?”** and given the option to circle, ‘Excellent’, ‘Very Good’, ‘Good’, ‘Fair’, or ‘Poor’. The Hispanic or Latino population had the greatest percentage of participants rate their physical health as ‘Fair’ or ‘Poor’ (figure 15).

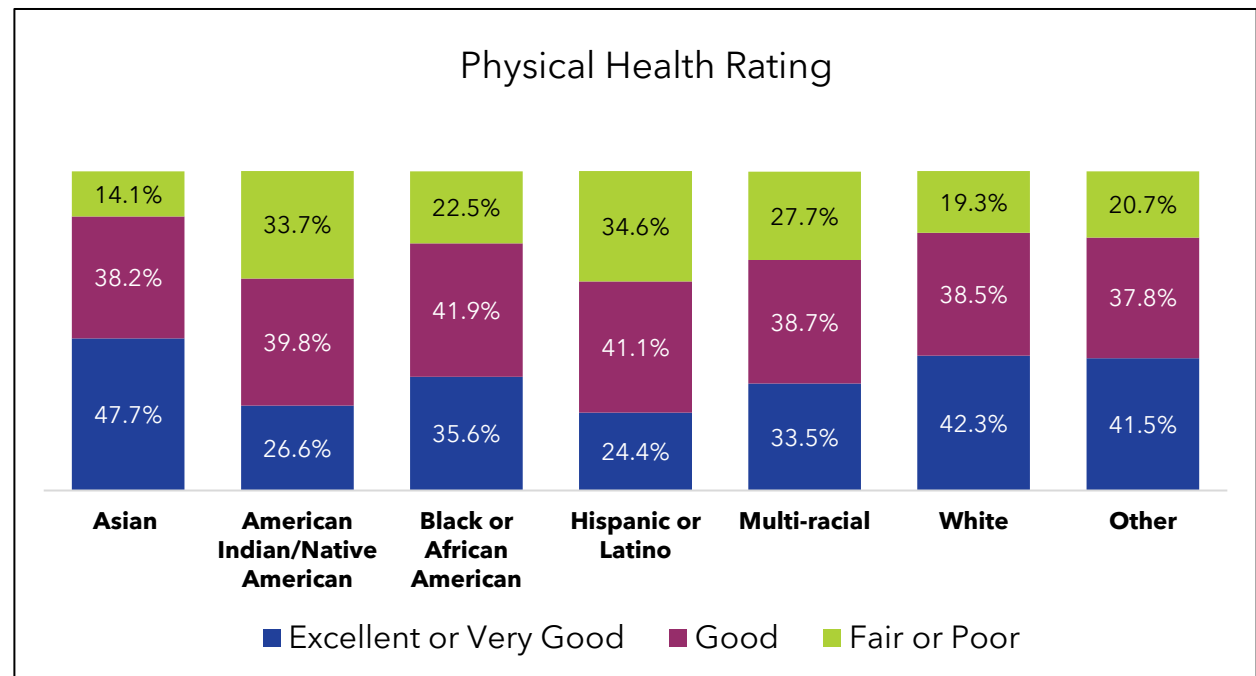


Figure 15

## Mental Health

Participants were asked: **“How would you rate your mental health, including your mood, stress level, and your ability to think?”** and given the option to circle, ‘Excellent’, ‘Very Good’, ‘Good’, ‘Fair’, or ‘Poor’. The American Indian/Native American and the Multi-racial population had the two greatest percentage of participants rate their mental health as ‘Fair’ or ‘Poor’ (figure 16).

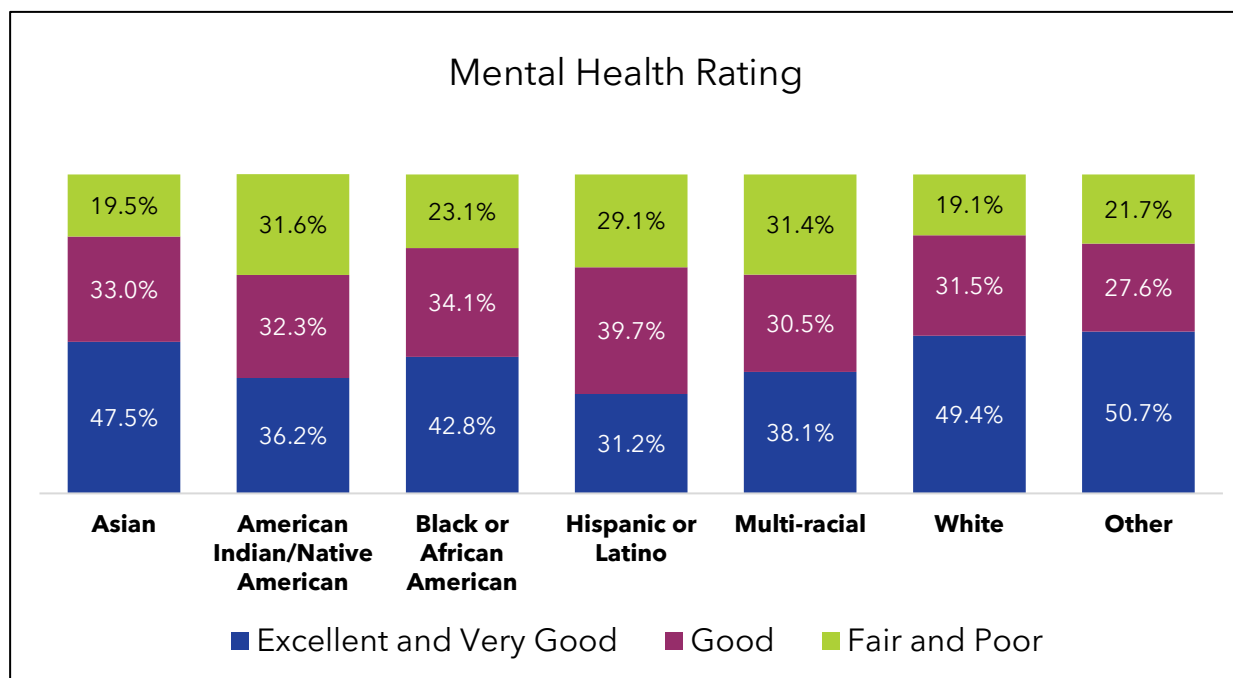


Figure 16

## Mental Health Services

Participants were asked: “**How often are you able to get the services you need to maintain your mental health?**” and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. The Hispanic or Latino and the Asian population had the two greatest percentage of participants report they are never able to get the services they need to maintain their mental health (figure 17).

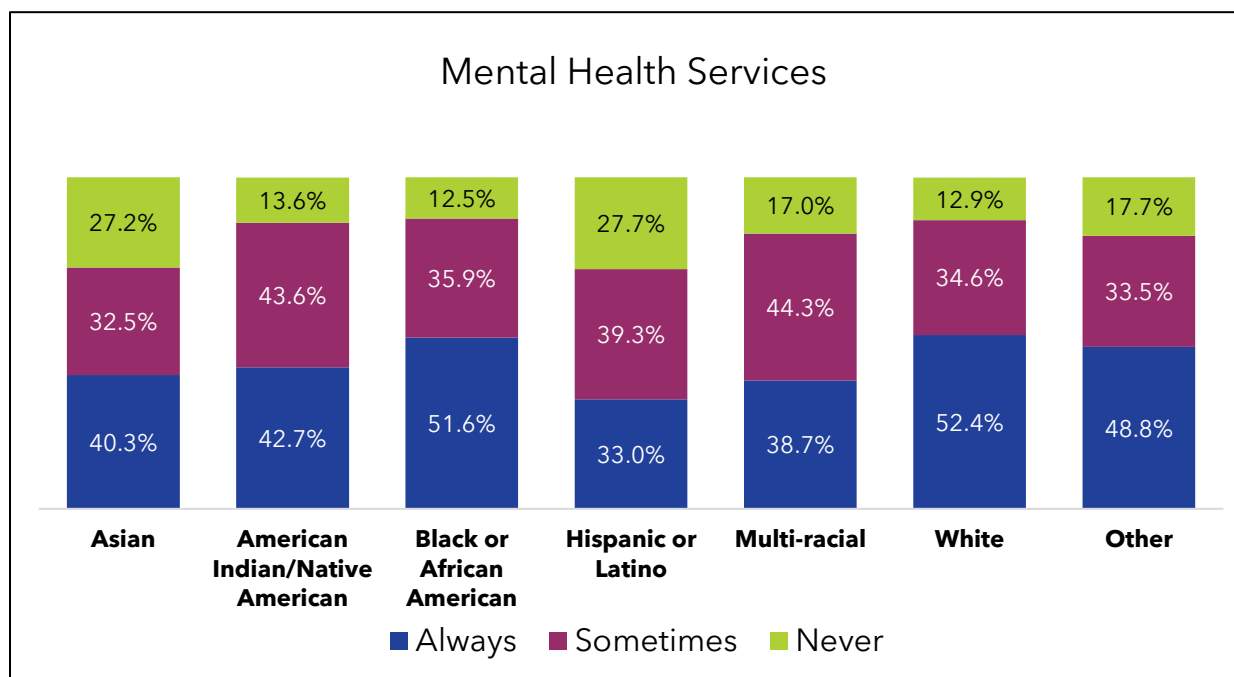


Figure 17

## Life Rating

Rank where you feel you personally stand right now

Participants were asked to “**imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life. Indicate where on the ladder you feel you personally stand right now**”. Participants were given the option to circle a number 1 through 10. With 11,052 participant responses, results showed for each race/ethnic population, the majority of respondents indicated that step 5, 6, 7, 8, or 9 represent where they stand right now (figure 18).

Race/ethnic population breakdowns:

- **62.0%** of Asian participants indicated that they stand on steps 7, 8, or 9.
- **53.4%** of American Indian/Native American participants indicated that they stand on step 5, 7, or 8.
- **59.0%** of Black or African American participants indicated that they stand on step 5, 7, or 8.
- **55.0%** of Hispanic or Latino participants indicated that they stand on step 5, 7, or 8.
- **53.6%** of Multi-racial participants indicated that they stand on step 6, 7, or 8.
- **58.4%** of White participants indicated that they stand on steps 7, 8, or 9.
- **53.3%** of Other participants indicated that they stand on step 5, 8 or 9.

### Life Rating

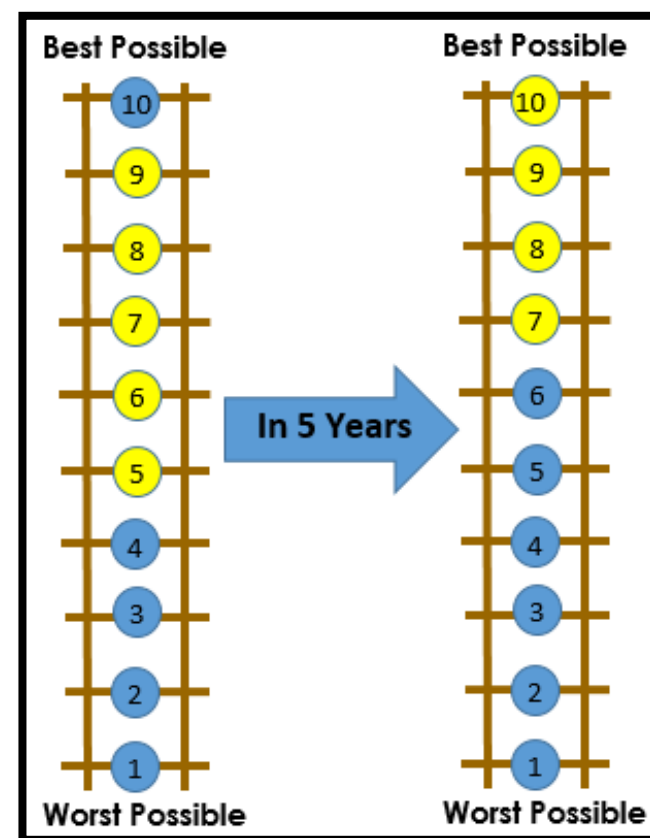


Figure 18

Rank where you think you will stand about five years from now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. On which step do you think you will stand about five years from now?”** Participants were given the option to circle a number 1 through 10. With 11,003 participant responses, results showed that for each race/ethnic population, most participants indicated that step 7, 8, 9, or 10 represent where they will stand about five years from now (figure 18).

Race/ethnic population breakdowns:

- **64.8%** of Asian participants indicated that they will stand on step 7, 8, or 9 in five years.
- **65.1%** of American Indian/Native American participants indicated that they will stand on step 8, 9, or 10 five years from now.
- **70.1%** of Black or African American participants indicated that they will stand on step 8, 9, or 10 five years from now.
- **61.1%** of Hispanic or Latino participants indicated that they will stand on step 8, 9, or 10 five years from now.
- **61.8%** of Multi-racial participants indicated that they will stand on step 8, 9, or 10 five years from now.
- **56.3%** of White participants indicated that they will stand on step 7, 8, or 9 five years from now.
- **54.2%** of Other participants indicated that they will stand on step 8, 9, or 10 five years from now.

# Health care and Living Expenses

Maricopa County residents were asked questions related to living and health care expenses. This section summarizes the results of living and health care expenses survey questions stratified by the race or ethnic population the participant identified with the most.

## Living Essential Expenses

Participants were asked: **“On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. The ‘Other’, American Indian/Native American and Black or African American population had the highest percentages of participants report they never have enough money to pay for essentials on a monthly basis (figure 19).

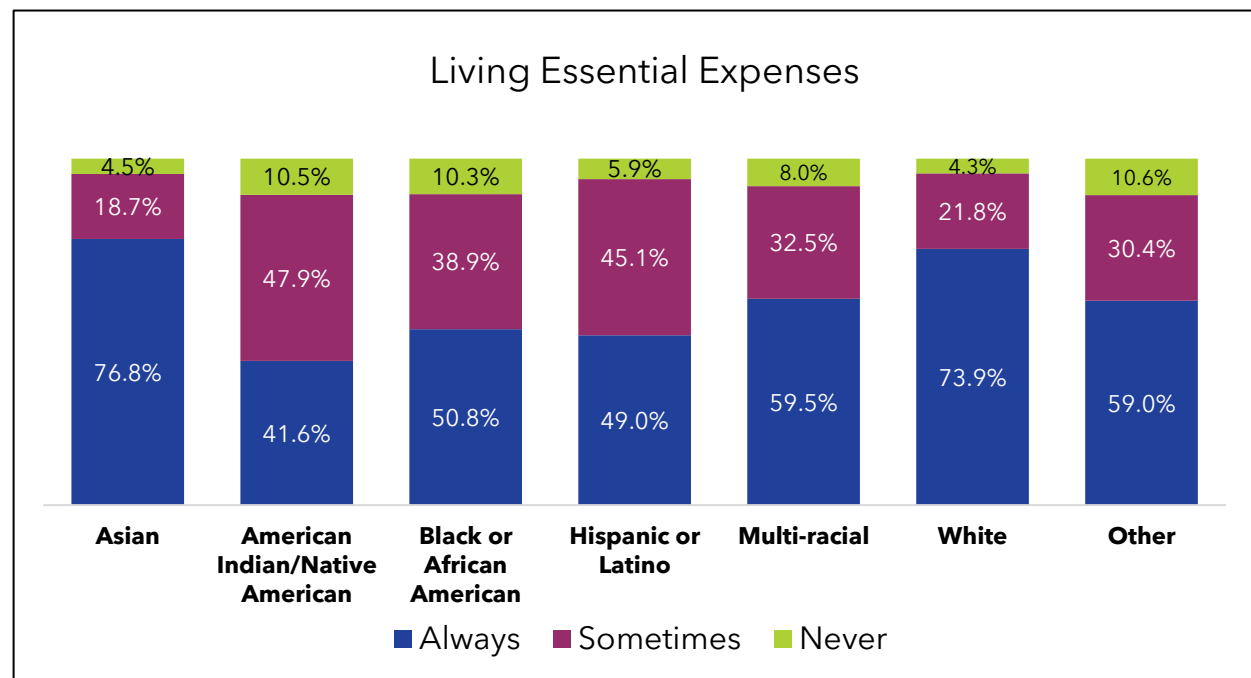


Figure 19

## Health Care Expenses

Participants were asked: **"On a monthly basis, do you have enough money to pay for health care expenses (e.g. doctor bills, medications, etc.)?"** and given the option to circle, 'Always', 'Sometimes', or 'Never'. The American Indian/Native American population had the greatest percentage of participants report that they never have enough money to pay for health care expenses on a monthly basis (figure 20).

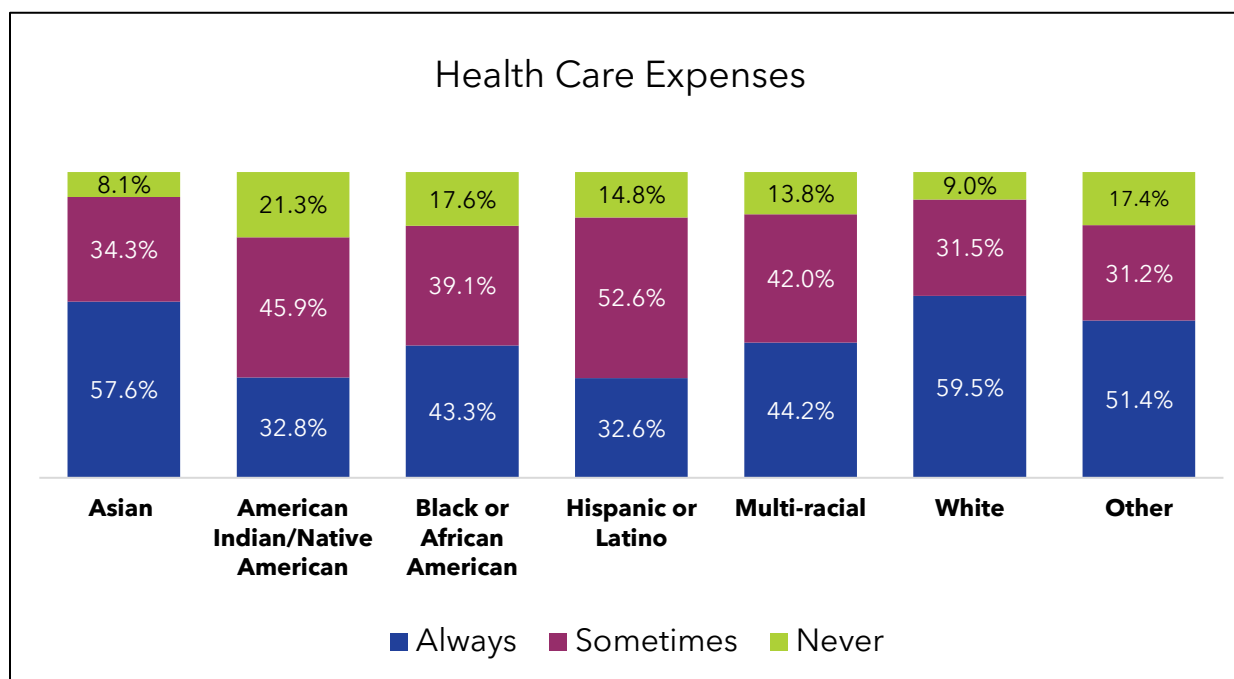


Figure 20

## Financial Rating

Please rank where you feel you stand financially right now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now”**. Participants were given the option to circle a number 1 through 10. With 10,987 participant responses, results showed that for each race/ethnic population, the majority of participants report that step 5, 6, 7, or 8 represent their financial situation right now (figure 21).

### Race/ethnic population breakdowns:

- **51.4%** of Asian participants indicated that they stand on step 6, 7, or 8.
- **60.4%** of American Indian/Native American participants indicated that they stand on step 5, 6, 7, or 8.
- **63.2%** of Black or African American participants indicated that they stand on step 5, 6, 7, or 8.
- **50.8%** of Hispanic or Latino participants indicated that they stand on step 5, 6, or 7.
- **59.5%** of Multi-racial participants indicated that they stand on step 5, 6, 7, or 8.
- **60.5%** of White participants indicated that they stand on step 5, 6, 7, or 8.
- **50.2%** of Other participants indicated that they stand on step 5, 7, or 8.

## Financial Rating

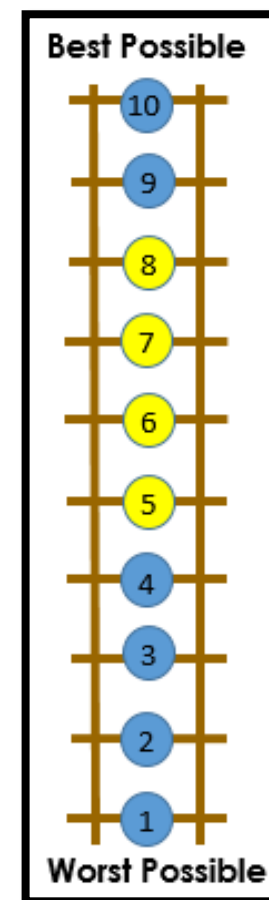


Figure 21



## Health Care Payment Methods

Participants were asked: “**How do you pay for your health care (including medications, dental and health treatments)? (Check all that apply)**” and were given different options people would use to pay for health care. With 11,200 participant responses, results showed a lot of variation between race/ethnic populations. While ‘free clinics’ were most frequently reported as a method to pay for health care, looking at the table below you can see how different they all are (figure 22).

	1	2	3
<b>Asian</b>	Free Clinics	Health insurance purchased on my own or by family member	Health Insurance purchased/provided through employer
<b>American Indian</b>	Indian Health Services	Medicaid/AHCCCS	Free Clinics
<b>Black</b>	Medicaid/AHCCCS	Veterans Administration	Other
<b>Hispanic</b>	Free Clinics	Travel to a different country to afford health care	I do not use health care services
<b>Other</b>	Veterans Administration	Other	I do not use health care services
<b>Multi-racial</b>	I do not use health care services	Free clinics	Travel to a different country to afford health care
<b>White</b>	Medicare	Veterans Administration	Health insurance purchased on my own or by family member

Figure 22

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# The Maricopa County Community

Maricopa County residents were asked questions related to their community. This section summarizes the results of survey questions related to barriers to accessing health care in the community, strengths of the community, and health conditions and issues that impact the community. Results are stratified by the race or ethnic population the participant identified with the most.

## Community Barriers

Participants were asked: **“What are the biggest barriers to accessing healthcare in your community? (Check up to 3)”** and given the option to check common barriers of a community. With 10,045 participant responses, results showed that for most racial/ethnic populations ‘Difficulty finding the right provider for my care’, ‘Underinsured’ and ‘Inconvenient office hours’ were the most frequently reported barriers to accessing healthcare. Hispanic/Latino’s were the only group who chose ‘uninsured’ in their top three community barriers. While transportation to appointments was only reported among American Indian/Native Americans.

	1	2	3
<b>Difficulty finding the right provider for my care</b>	American Indian, White, and Other	Black/African American, and Multi-racial	Asian
<b>Underinsured</b>	Black/African American, and Multi-racial	Hispanic/Latino, and White	Other

<b>Inconvenient office hours</b>	Asian		Black/African American, Hispanic/Latino, White, and Multi-racial
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Figure 23

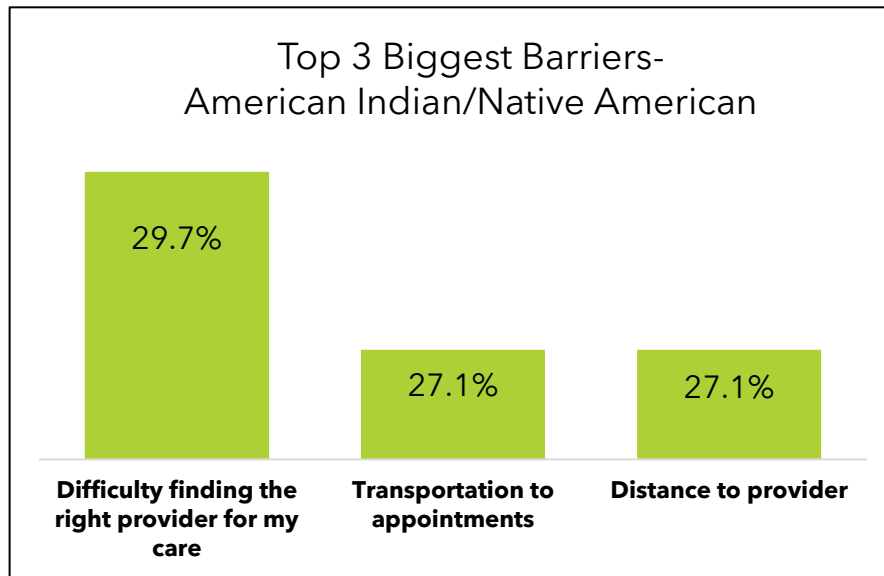


Figure 24

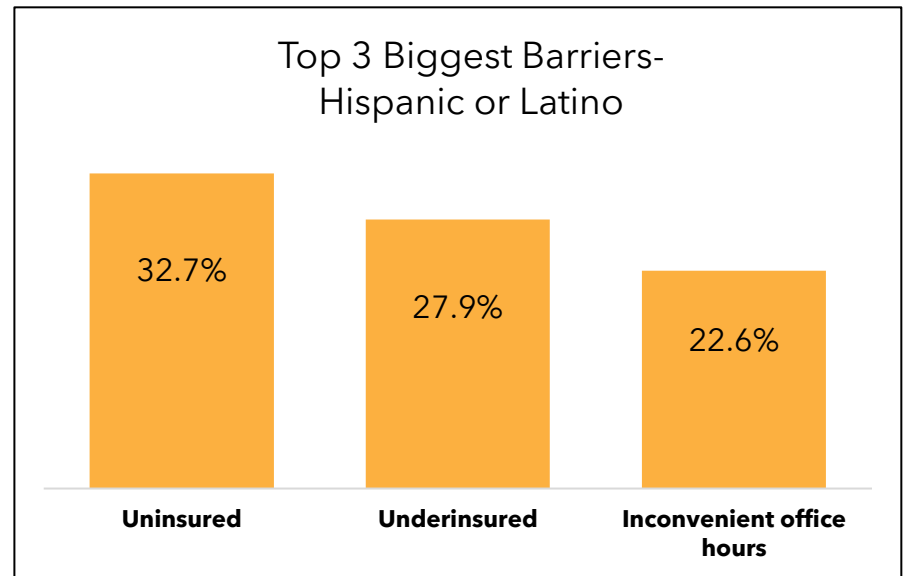


Figure 25

## Community Strengths

Participants were asked: “**What are the greatest strengths of your community? (Check all that apply)**” and given the option to check common strengths of a community. With 10,749 participant responses, results showed the top two strengths for all race/ethnic populations are ‘access to parks and recreation site’ and ‘access to public libraries and community centers’ (figure 26).

	1	2
<b>Asian</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>American Indian</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>Black</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>Hispanic</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>Other</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>Multi-racial</b>	Access to parks and recreation sites	Access to public libraries and community centers
<b>White</b>	Access to parks and recreation sites	Access to public libraries and community centers

Figure 26

The third strength of Access to public transportation were reported by American Indian, Black, Hispanic and Multi-racial while Clean environments and streets were reported by Asian, White and Other groups.

## Community Health Rating

Rank the health of your community

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. Which step represents the health of your community?”**

Participants were given the option to circle a number 1 through 10. With 11,001 participant responses, results showed for each race/ethnic population, the majority of participants indicated that step 5, 6, 7, or 8 represent the health of their community (figure 27).

### Race/ethnic population breakdowns:

- **59.8%** of Asian participants indicated that step 6, 7, or 8 represent the health of their community.
- **53.6%** of American Indian/Native American participants indicated that step 5, 6, or 7 represent the health of their community.
- **61.7%** of Black or African American participants indicated that step 5, 6, or 7 represent the health of their community.
- **60.5%** of Hispanic or Latino participants indicated that step 5, 6, or 7 represent the health of their community.
- **57.8%** of Multi-racial participants indicated that step 5, 6, or 7 represent the health of their community.
- **61.1%** of White participants indicated that step 6, 7, or 8 represent the health of their community.
- **54.5%** of Other participants indicated that step 5, 7 or 8 represent the health of their community.

### Community Health Rating

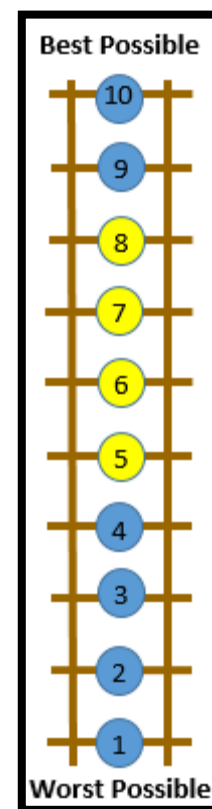


Figure 27

## Health Conditions

Participants were asked: “**Which health conditions have the greatest impact on your community’s overall health and wellness? (Check up to 5)**” and given the options to check common health conditions that affect a community. With 9,891 participant responses, results showed that all race/ethnic populations, ‘alcohol/substance abuse’ was the most frequently reported health condition that has the greatest impact on their community’s overall health and wellness, except for the Multi-racial population where ‘mental health issues’ was the top health condition.

	1	2	3
<b>Asian</b>	Alcohol/substance abuse	High blood pressure or cholesterol	Mental health issues
<b>American Indian</b>		Diabetes	Overweight/obesity
<b>Black</b>		High blood pressure or cholesterol	Mental health issues
<b>Hispanic</b>		Diabetes	Overweight/obesity
<b>Other</b>		Overweight/obesity	Mental health issues
<b>White</b>		Alcohol/substance abuse	Overweight/obesity
<b>Multi-Racial</b>	Mental health issues	Mental health issues	Overweight/obesity

Figure 28

## Community Issues

Participants were asked: “**Which issues have the greatest impact on your community’s health and wellness? (Check up to 5)**” and given the options to check common issues that affect a community. With 9,750 participant responses, results showed that for most race/ethnic populations, the top two issues with the greatest impact on the community’s health and wellness were ‘distracted driving’ and ‘homelessness’, except for the Hispanic or Latino population where the top two issues were ‘distracted driving’ and ‘illegal drug use’ (figure 29 & 30).

	<b>1</b>	<b>2</b>	<b>3</b>
<b>Asian</b>	Distracted driving	Homelessness	Illegal drug use
<b>American Indian</b>	Homelessness	Distracted driving	Illegal drug use
<b>Black</b>	Homelessness	Distracted driving	Lack of affordable housing
<b>Hispanic</b>	Distracted driving	Illegal drug use	Bullying/peer pressure
<b>Other</b>	Distracted driving	Homelessness	Illegal drug use
<b>Multi-racial</b>	Distracted driving	Homelessness	Lack of affordable housing
<b>White</b>	Distracted driving	Homelessness	Illegal drug use

Figure 29

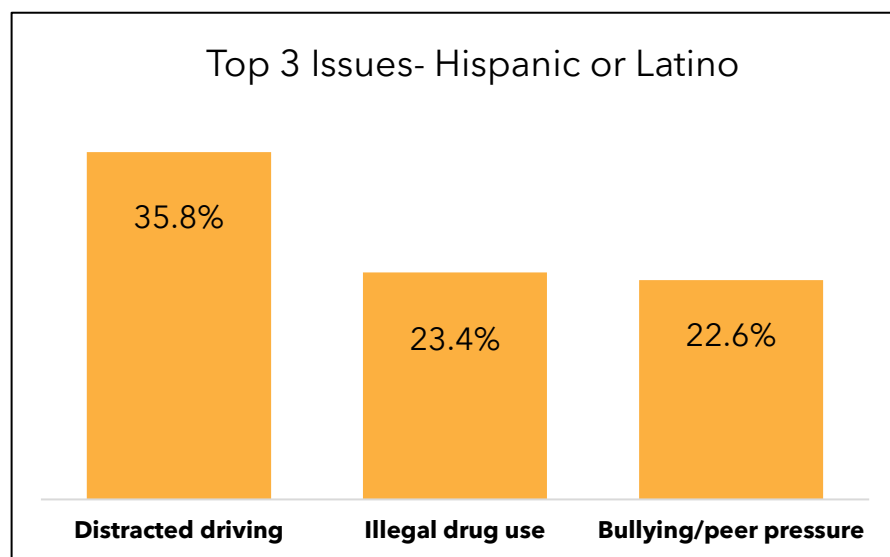


Figure 30



## Community Trust

Participants were asked: **"In your community, do people trust one another and look out for one another?"** and given the option to circle, 'Always', 'Sometimes', or 'Never'. The American Indian/Native American population reported the greatest percentage of 'Never' trusting and looking out for one another (figure 31).

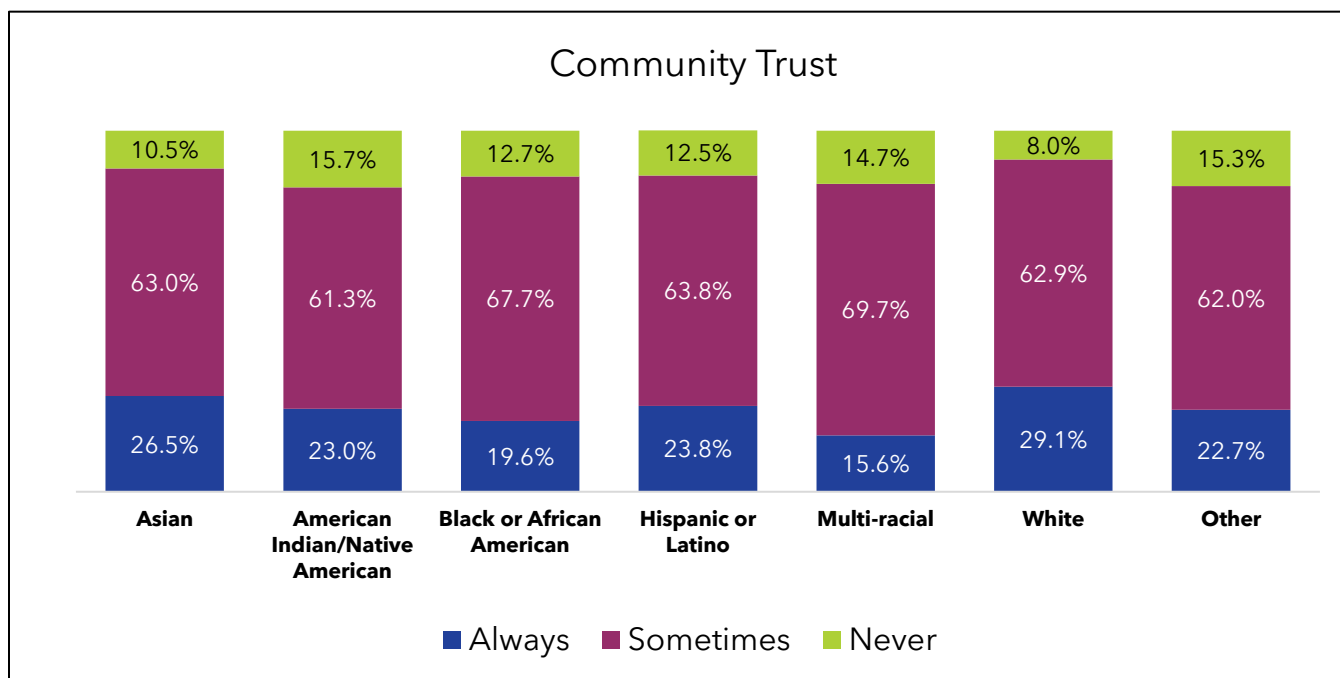


Figure 31

# Maricopa County Survey Results: Age



# Physical Health and Mental Health

## Physical Health

Maricopa County residents were asked to answer questions regarding their perception of their own physical and mental health. This section summarizes the results of physical health and mental health survey questions stratified by age groups. Participants were asked: **"In general how would you rate your physical health?"** and given the option to circle, 'Excellent', 'Very Good', 'Good', 'Fair', or 'Poor'. Each group reported similar results when rating their physical health (figure 32).

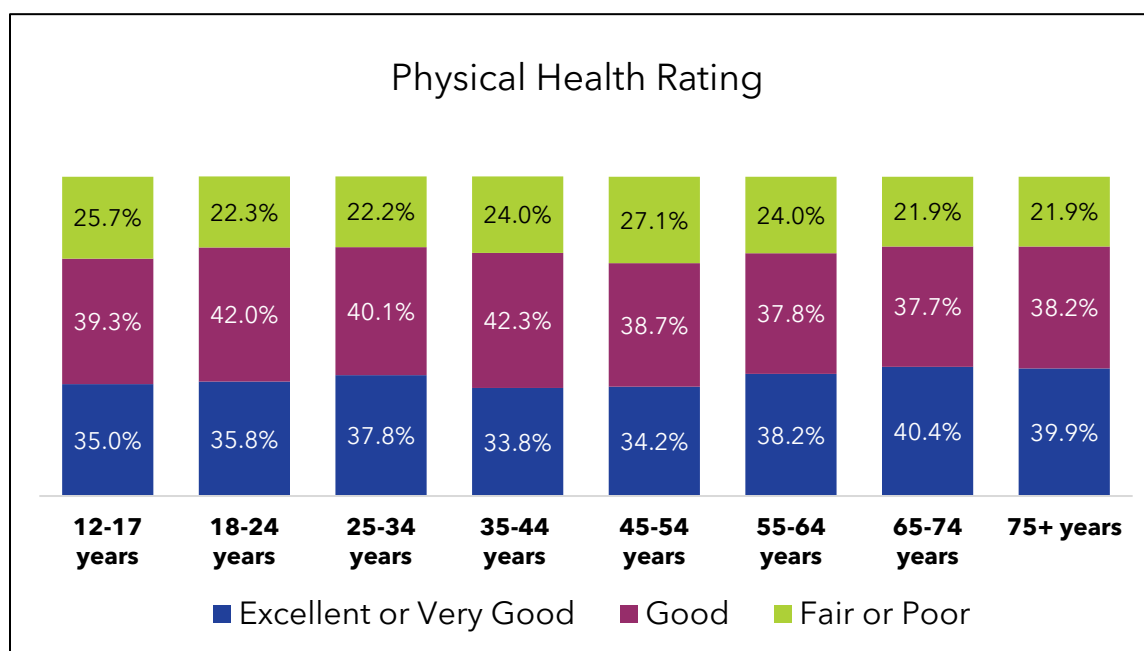


Figure 32

## Mental Health

Participants were asked: **“How would you rate your mental health, including your mood, stress level, and your ability to think?”** and given the option to circle, ‘Excellent’, ‘Very Good’, ‘Good’, ‘Fair’, or ‘Poor’. The ‘Fair’ or ‘Poor’ rating for mental health decreased with age and the rating of ‘Very Good’ or ‘Excellent’ increased with age (figure 33).

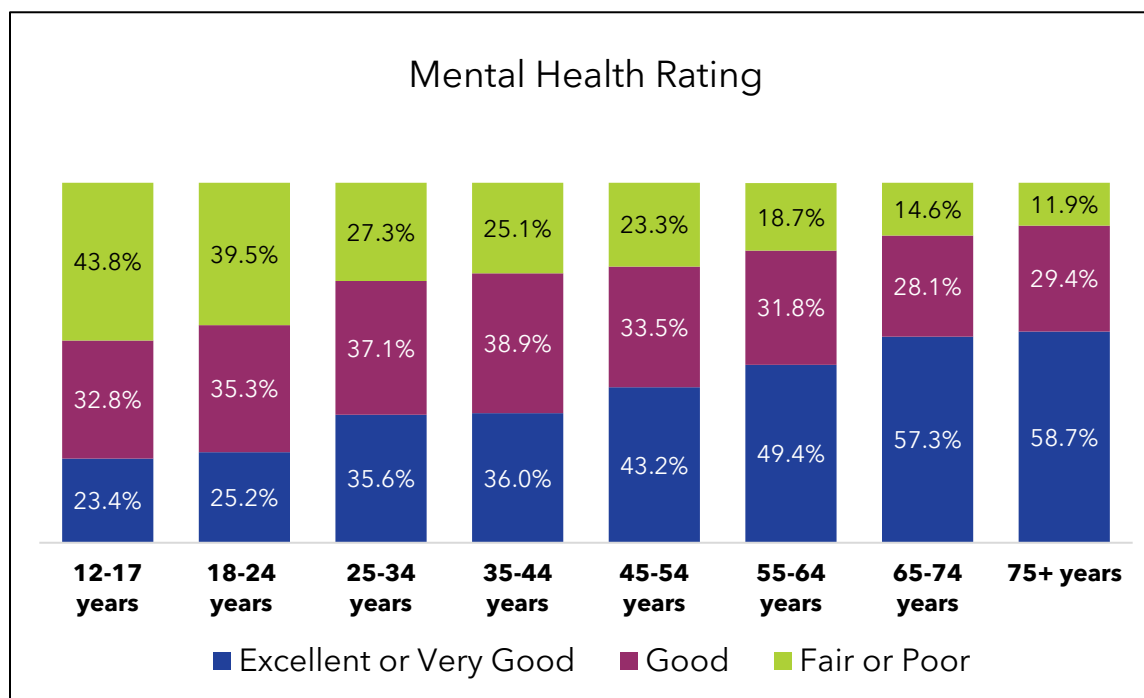


Figure 33

## Mental Health Services

Participants were asked: “**How often are you able to get the services you need to maintain your mental health?**” and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. The 25 to 34 years old age group and 35 to 44 years old age group had the highest percentages of participants report that they are never able to get the services they need to maintain their mental health (figure 34).

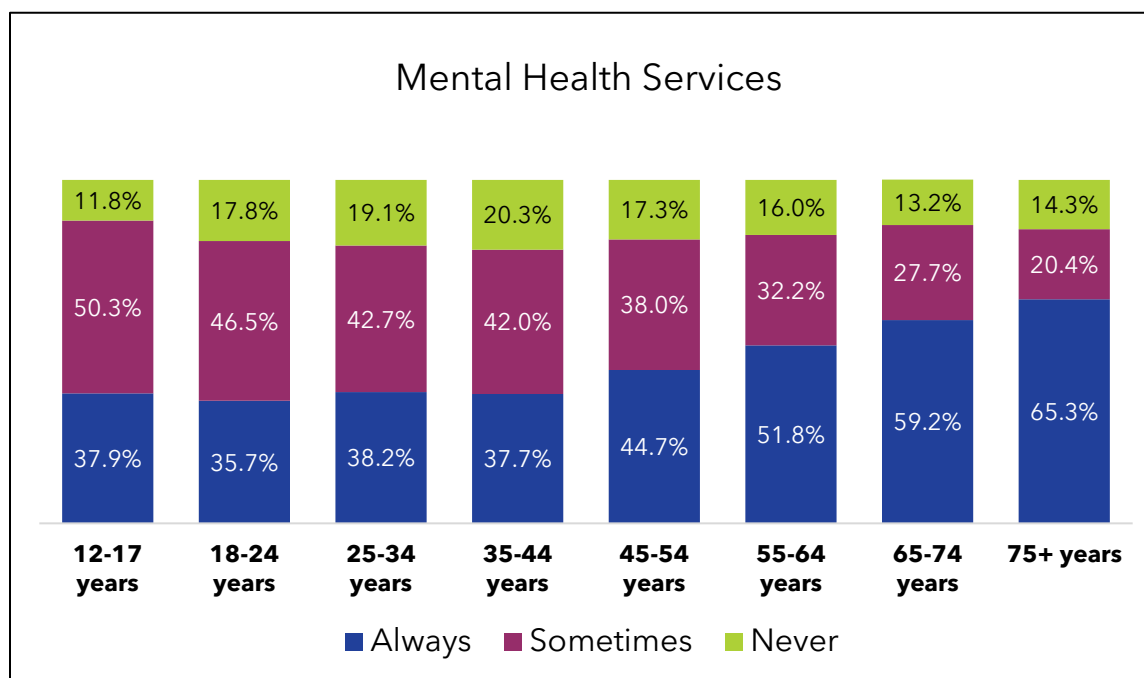


Figure 34

## Life Rating

Rank where you feel you personally stand right now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life. Indicate where on the ladder you feel you personally stand right now”**. Participants were given the option to circle a number 1 through 10. With 11,106 participant responses, results showed that rankings increased as age groups increased, with the oldest age group (75+ years old) ranking that they personal stand closest to the ‘best possible life’ right now.

### Age group breakdowns:

- **51.3%** of participants from age 12-17 years old indicated that they stand on step 5, 7, or 8.
- **58.2%** of participants from age 18-24 years old indicated that they stand on step 6, 7, or 8.
- **58.0%** of participants from age 25-34 years old indicated that they stand on step 7, 8, or 9.
- **59.1%** participants from age 35-44 years old indicated that they stand on step 7, 8, or 9.
- **56.0%** of participants from age 45-54 years old indicated that they stand on step 7, 8, or 9.
- **55.0%** of participants from age 55-64 years old indicated that they stand on step 7, 8, or 9.
- **57.2%** of participants from age 65-74 years old indicated that they stand on step 7, 8, or 9.
- **58.7%** of participants from age 75+ years old indicated that they stand on step 8, 9, or 10

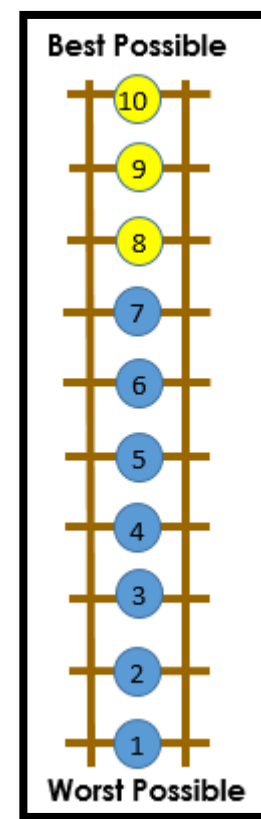


Figure 35

Rank where you think you will stand about five years from now

Participants were asked to “**imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. On which step do you think you will stand about five years from now?**” Participants were given the option to circle a number 1 through 10. With 11,058 participant responses, results showed that rankings decreased as age groups increased, with the younger age groups ranking that they think they will stand closest to the ‘best possible life’ five years from now.

Age group breakdowns:

- **66.8%** of participants from age 12-17 years old indicated that they will stand on step 8, 9, or 10 in five years.
- **71.3%** of participants from age 18-24 years old indicated that they will stand on step 8, 9, or 10 in five years.
- **69.2%** of participants from age 25-34 years old indicated that they will stand on step 8, 9, or 10 in five years.
- **66.4%** participants from age 35-44 years old indicated that they will stand on step 8, 9, or 10 in five years.
- **59.7%** of participants from age 45-54 years old indicated that they will stand on step 8, 9, or 10 in five years.
- **52.6%** of participants from age 55-64 years old indicated that they will stand on step 7, 8, or 9 in five years.
- **59.9%** of participants from age 65-74 years old indicated that they will stand on step 6, 7, 8, or 9 in five years.
- **58.6%** of participants from age 75+ years old indicated that they will stand on step 5, 7, 8, or 9 in five years.

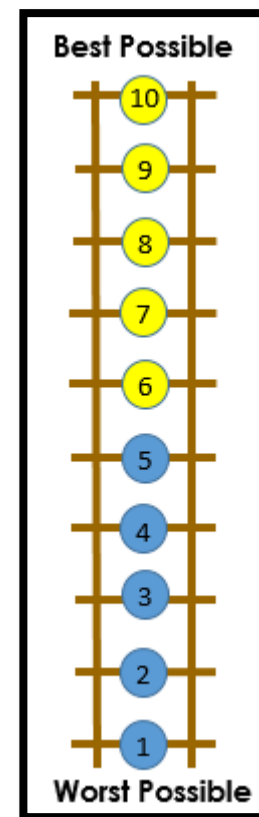


Figure 36

# Health Care and Living Expenses

Maricopa County residents were asked questions related to health care and living expenses. This section summarizes the results of living expenses and health care expenses questions stratified by age groups.

## Living Essential Expenses

Participants were asked: **“On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. For each age group, at least 50 percent of the participants reported that they always have enough money to pay for essentials on a monthly basis (figure 37).

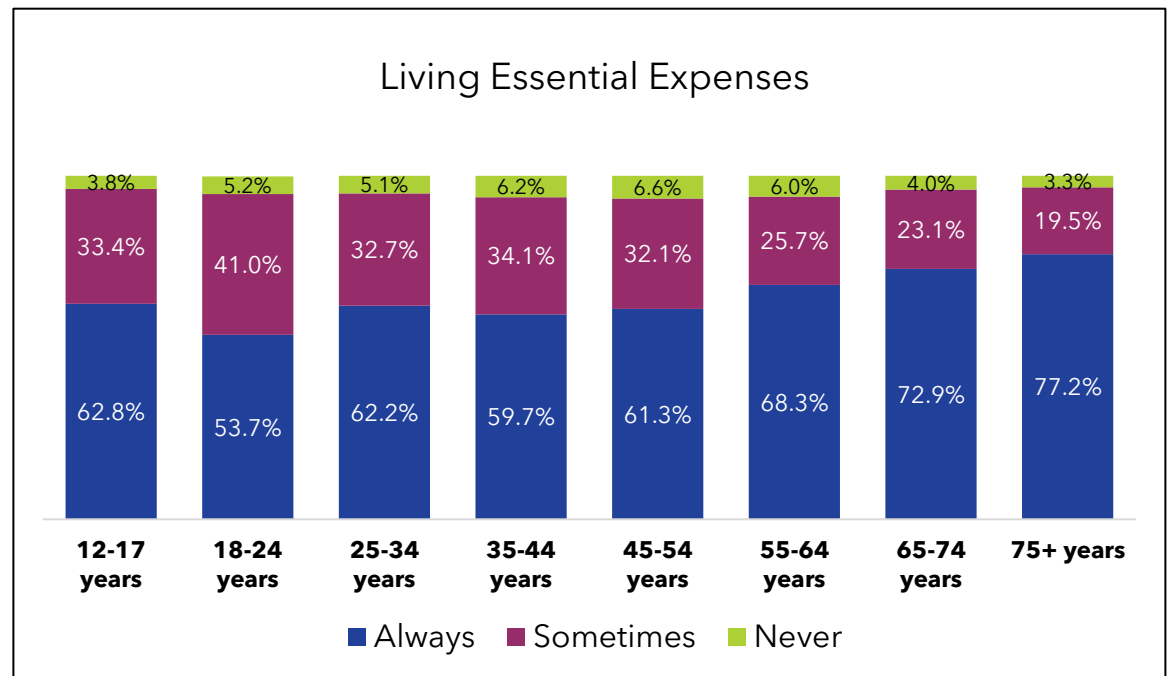


Figure 37



## Health Care Expenses

Participants were asked: **“On a monthly basis, do you have enough money to pay for health care expenses (e.g. doctor bills, medications, etc.)?”** and given the option to circle, ‘Always’, ‘Sometimes’, or ‘Never’. The 18-24 age group had the highest percentage of participants report that they never have enough money to pay for health care expenses on a monthly basis (figure 38).

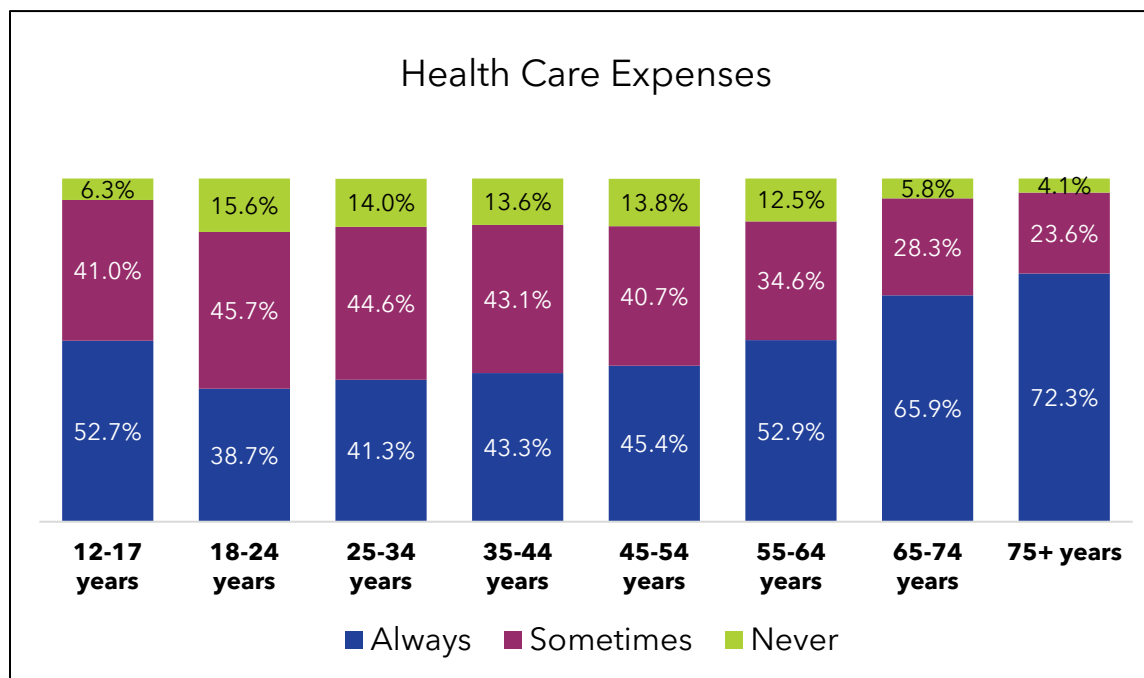


Figure 38

## Financial Rating

Please rank where you feel you stand financially right now

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now”**. Participants were given the option to circle a number 1 through 10. With 11,041 participant responses, results showed that rankings increased as age groups increased, with the oldest age group (75+ years old) ranking that they personally stand closest to the ‘best possible financial situation’ right now.

### Age group breakdowns:

- **53.1%** of participants from age 12-17 years old indicated that they stand on step 5, 6, or 7.
- **52.0%** of participants from age 18-24 years old indicated that they stand on step 5, 6, or 7.
- **51.8%** of participants from age 25-34 years old indicated that they stand on step 5, 6, or 7.
- **51.2%** participants from age 35-44 years old indicated that they stand on step 6, 7, or 8.
- **62.4%** of participants from age 45-54 years old indicated that they stand on step 5, 6, 7, or 8.
- **58.9%** of participants from age 55-64 years old indicated that they stand on step 5, 6, 7, or 8
- **61.1%** of participants from age 65-74 years old indicated that they stand on step 5, 7, 8, or 9.
- **69.6%** of participants from age 75+ years old indicated that they stand on step 6, 7, 8, 9, or 10.

## Financial Rating

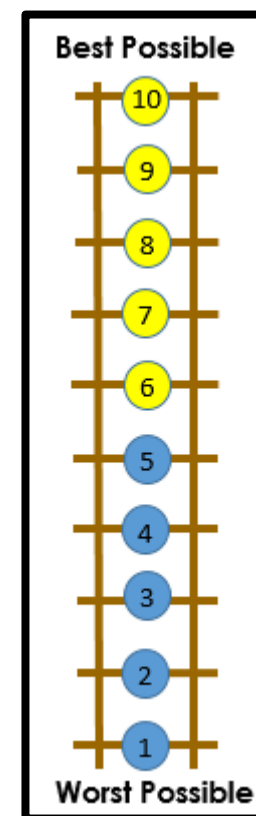


Figure 39

## Health Care Payment Methods

Participants were asked: “**How do you pay for your health care (including medications, dental and health treatments)? (Check all that apply)**” and given common options people use to pay for health care. With 11,456 participant responses, results showed that for the two youngest age group (12 to 17 years old and 18 to 24 years old), the most frequent method used to pay for health care was ‘health insurance purchased on their own or by a family member’. For age groups between 25 years old and 64 years old, the most frequent method used to pay for health care was ‘health insurance purchased or provided through an employer’. Lastly, for the two eldest age groups (65 to 74 years and 75 and older), the most frequent method used to pay for health care is ‘Medicare’. Additionally, all age groups except for 12 to 17 years old reported that they use their own money (out of pocket) to supplement other health care payment methods.

	1	2	3
<b>12-17</b>	Health insurance purchased on my own or by family member	Medicaid/AHCCCS	Health insurance purchased/provided through employer
<b>18-24</b>	Health insurance purchased on my own or by family member	Health insurance purchased/provided through employer	Use my own money (out of pocket)
<b>25-34</b>	Health insurance purchased/provided through employer	Use my own money (out of pocket)	Medicaid/AHCCCS
<b>35-44</b>	Health insurance purchased/provided through employer	Use my own money (out of pocket)	Medicaid/AHCCCS

<b>45-54</b>	Health insurance purchased/provided through employer	Use my own money (out of pocket)	Health insurance purchased on my own or by family member
<b>55-64</b>	Health insurance purchased/provided through employer	Use my own money (out of pocket)	Health insurance purchased on my own or by family member
<b>65-74</b>	Medicare	Health insurance purchased on my own or by family member	Use my own money (out of pocket)
<b>75+</b>	Medicare	Health insurance purchased on my own or by family member	Use my own money (out of pocket)

Figure 40

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# The Maricopa County Community

This section summarizes the results of survey questions related to their community. This section summarizes the results of questions related to barriers to accessing health care in the community, strengths of the community, and health conditions and issues that impact the community barriers and strengths of the community. Results in this section are stratified by age groups.

## Community Barriers

Participants were asked: “**What are the biggest barriers to accessing healthcare in your community? (Check up to 3)**” and given the option to check common barriers of a community. With 10,094 participant responses, results showed that for most age groups, ‘underinsured’ and/or ‘difficulty finding the right provider for my care’ ranked as either the first or second most frequently reported barriers to accessing healthcare. The 12-17-year-old group were the only ones who did not report ‘Difficulty finding the right provider for my care’ as a barrier.

	1	2	3
<b>12-17</b>	Underinsured	Transportation to appointments	Uninsured
<b>18-24</b>	Underinsured	Difficulty finding the right provider for my care	Uninsured
<b>25-34</b>	Inconvenient office hours	Underinsured	Difficulty finding the right provider for my care

<b>35-44</b>	Underinsured	Inconvenient office hours	Difficulty finding the right provider for my care
<b>45-54</b>	Difficulty finding the right provider for my care	Underinsured	Inconvenient office hours
<b>55-64</b>	Underinsured	Difficulty finding the right provider for my care	Inconvenient office hours
<b>65-74</b>	Difficulty finding the right provider for my care	Underinsured	Transportation to appointments
<b>75+</b>	Difficulty finding the right provider for my care	Other	Underinsured

Figure 41

## Community Strengths

Participants were asked: **"What are the greatest strengths of your community? (Check all that apply)"** and given the option to check common strengths of a community. With 10,789 participant responses, results showed that for all age groups under 44 years old, 'access to affordable childcare' ranked in the top three greatest strengths of the community. For the 45 to 54 years old age group, 'other' and 'good place to raise children' ranked in the top two strengths of the community. For the 55 to 64 years old age group, 'other' and 'ability to communicate with city/town leadership and feel that my voice is heard' ranked in the top two strengths for the community. Lastly, for the 65 to 74 years old and 75 and older age groups, 'access to services for seniors' and access to medical care' ranked in the top two strengths of the community.

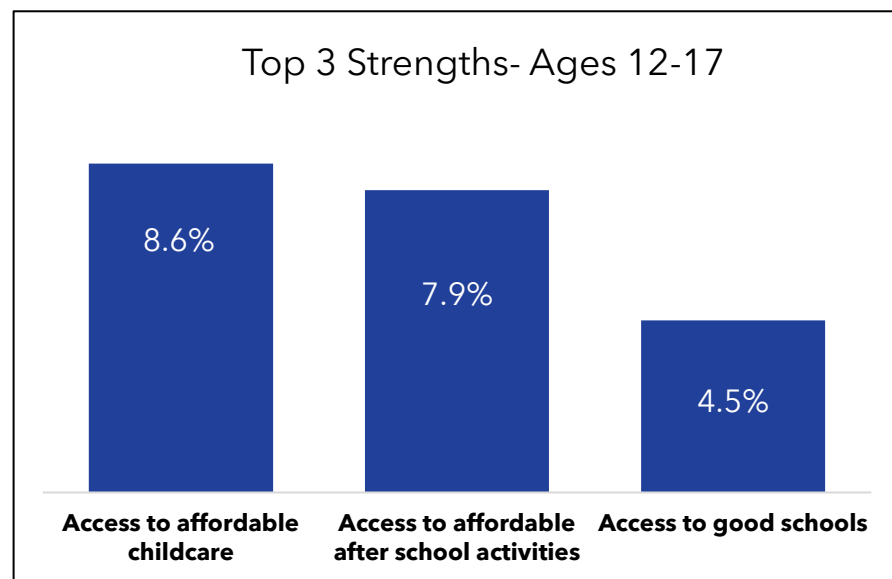


Figure 42

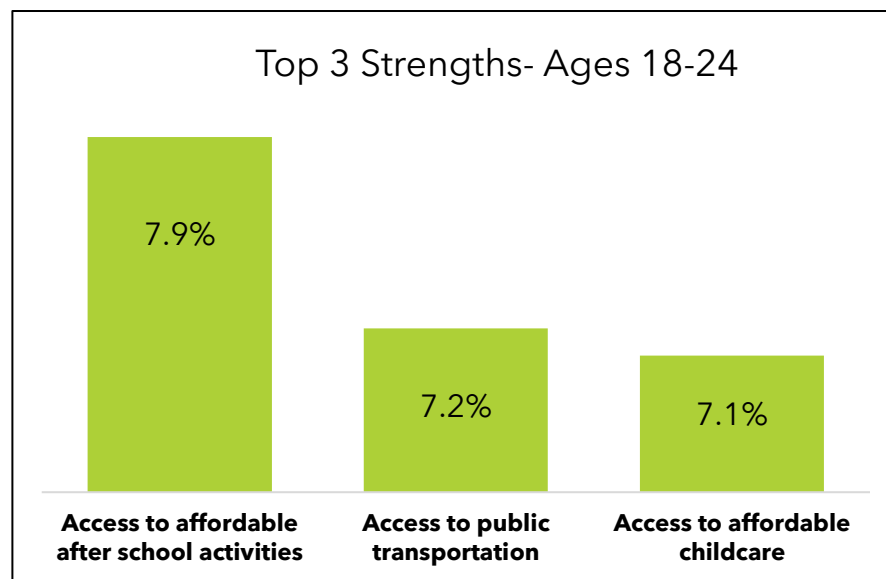


Figure 43

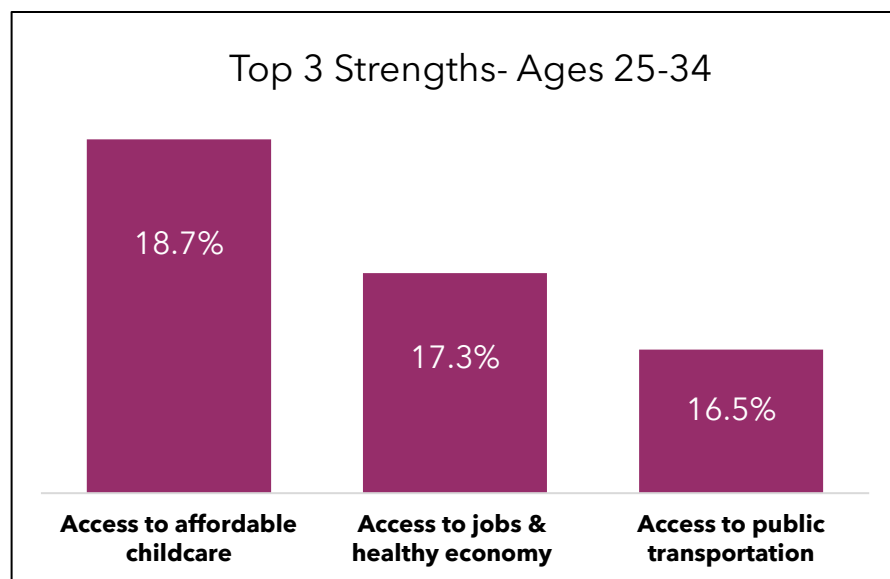


Figure 44

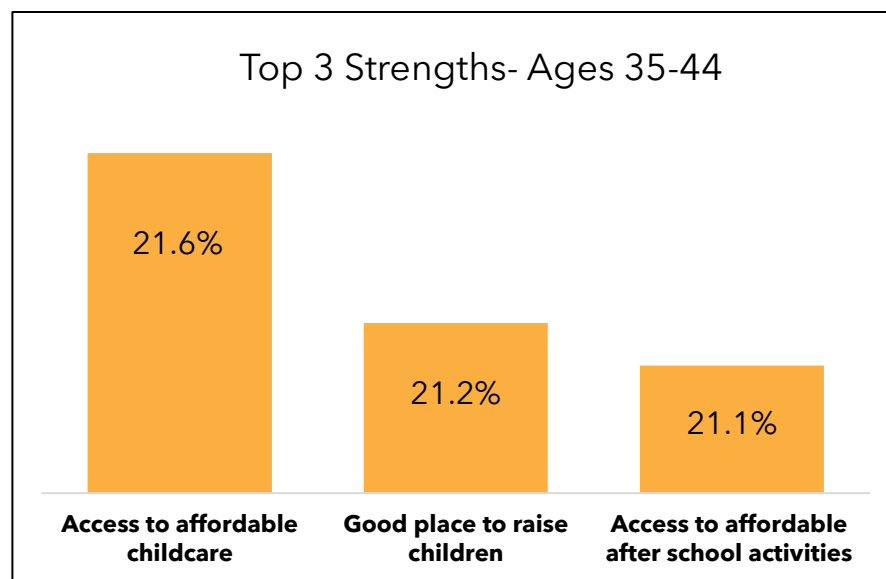


Figure 45

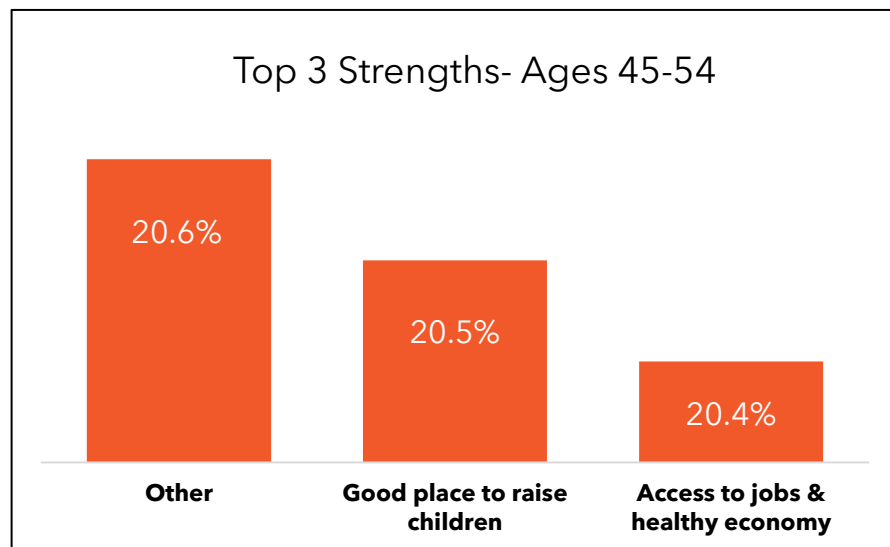


Figure 46

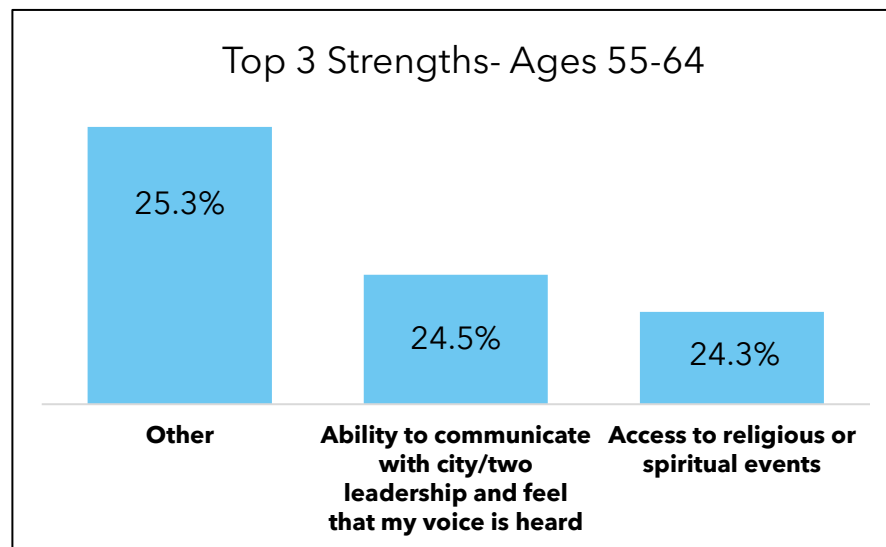


Figure 47



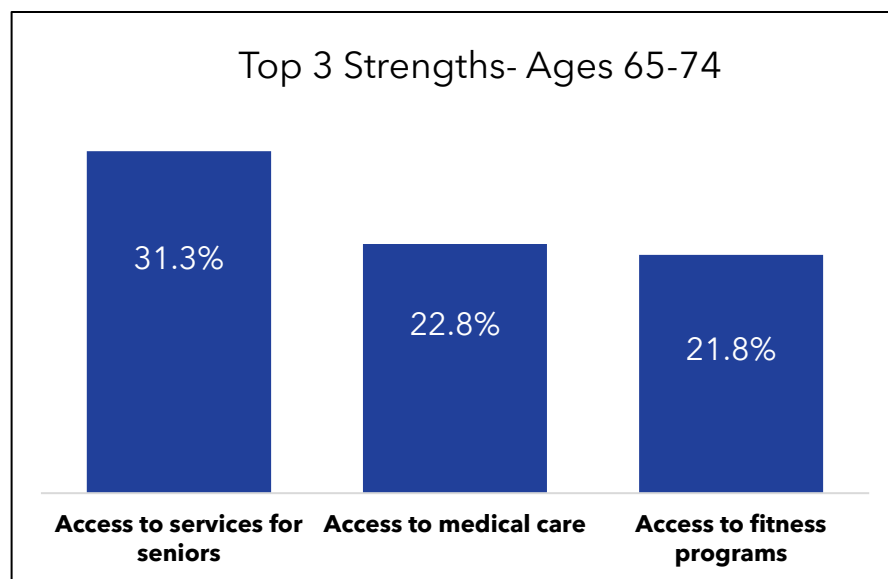


Figure 48

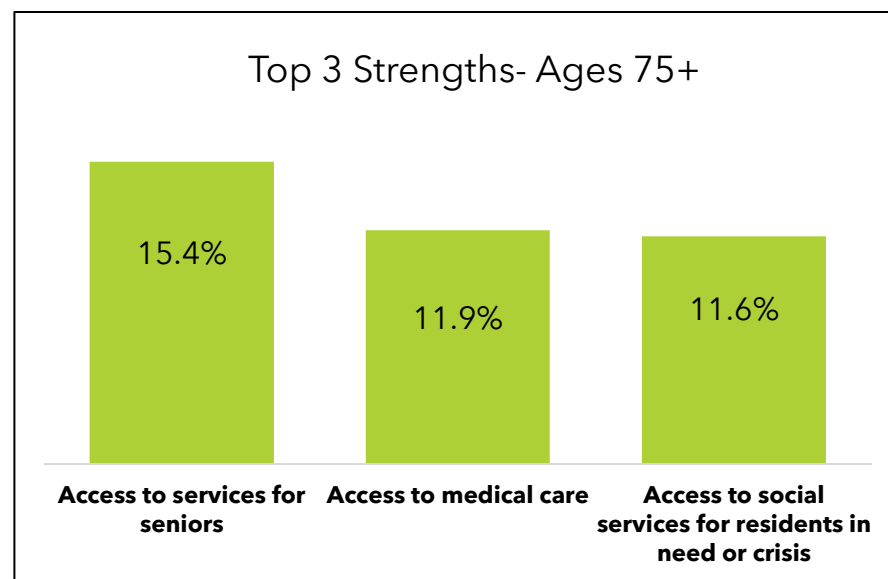


Figure 49

# Community Health Rating

Rank the health of your community

Participants were asked to **“imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worse possible life. Which step represents the health of your community?”**

Participants were given the option to circle a number 1 through 10. With 11,054 participant responses, results showed for each age group, most participants indicated that step 5, 6, 7 or step 8 represent the health of their community (figure 91).

## Age group breakdowns:

- **62.3%** of participants from age 12-17 years old indicated that step 5, 6, or 7 represent the health of their community.
- **65.5%** of participants from age 18-24 years old indicated that step 5, 6, or 7 represent the health of their community.
- **62.4%** of participants from age 25-34 years old indicated that step 5, 6, or 7 represent the health of their community.
- **60.2%** participants from age 35-44 years old indicated that step 5, 6, or 7 represent the health of their community.
- **58.3%** of participants from age 45-54 years old indicated that step 6, 7, or 8 represent the health of their community.
- **58.4%** of participants from age 55-64 years old indicated that step 5, 7, or 8 represent the health of their community.
- **61.5%** of participants from age 65-74 years old indicated that step 5, 7, or 8 represent the health of their community.
- **57.8%** of participants from age 75+ years old indicated that step 5, 7, or 8 represent the health of their community.

## Community Health Rating

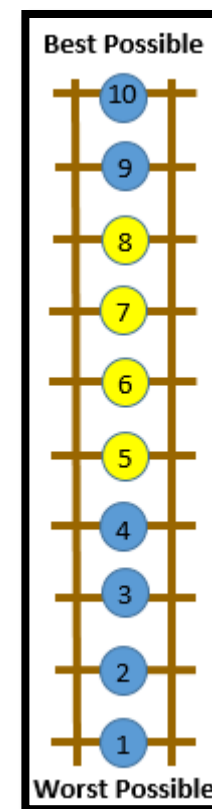


Figure 50

## Health Conditions

Participants were asked: “**Which health conditions have the greatest impact on your community’s overall health and wellness? (Check up to 5)**” and given the options to check common health conditions that affect a community. With 10,374 participant responses, results showed that for all age groups under 64 years old, ‘alcohol/substance abuse’ was the most frequently reported health condition with the greatest impact on the community’s overall health and wellness, with ‘mental health issues’ coming in second for ages groups under 54 years old. For the two eldest age groups (65 to 74 years old and 75 and older), ‘high blood pressure or cholesterol’ was the most frequently reported health condition with the greatest impact on the community’s overall health and wellness.

	1	2	3
<b>12-17</b>	Alcohol/substance abuse	Mental health issues	Tobacco use
<b>18-24</b>		Mental health issues	Overweight/obesity
<b>25-34</b>		Mental health issues	Overweight/obesity
<b>35-44</b>		Mental health issues	Overweight/obesity
<b>45-54</b>		Mental health issues	Overweight/obesity
<b>55-64</b>		Overweight/obesity	Mental health issues
<b>65-74</b>	High blood pressure or cholesterol	Alcohol/substance abuse	Cancers
<b>75+</b>		Arthritis	Heart disease and stroke

Figure 51

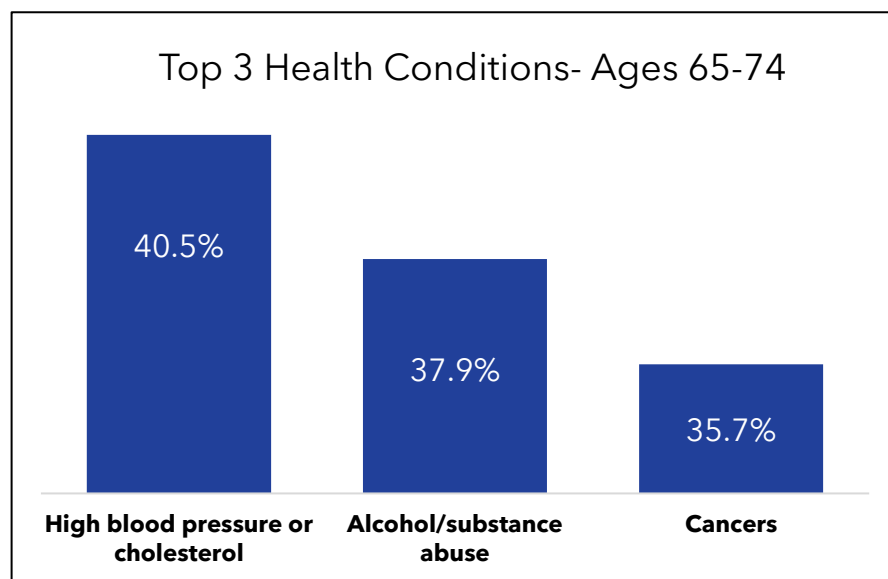


Figure 52

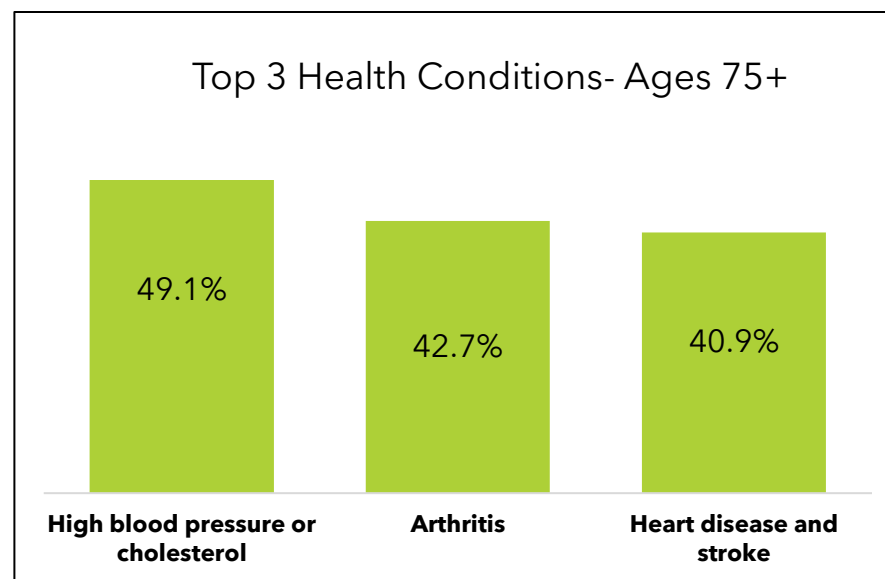


Figure 53

## Community Issues

Participants were asked: “**Which issues have the greatest impact on your community’s health and wellness? (Check up to 5)**” and given the options to check common issues that affect a community. With 9,785 participant responses, results showed that for the two youngest age groups (12 to 17 years old and 18 to 24 years old) ‘distracted driving’, ‘bullying’, and ‘homelessness’ all ranked in the top three issues with the greatest impact on the community’s health and wellness. For age groups between 25 years old and 64 years old, ‘distracted driving’, ‘homelessness’ and ‘drug use’ ranked in the top three issues with the greatest impact on the community’s health and wellness. Lastly, for the two eldest groups (65 to 74 years old and 75 and older), ‘distracted driving’, ‘lack of public transportation’, and ‘homelessness’ ranked in the top three issues with the greatest impact on the community’s health and wellness. All age groups reported ‘distracted driving’ as a community issue except for 12-17 years old reporting ‘bullying/peer pressure’ as their top community issue.

	<b>1</b>	<b>2</b>	<b>3</b>
<b>12-17</b>	Bullying/peer pressure	Distracted driving	Homelessness
<b>18-24</b>	Distracted driving	Bullying/peer pressure	Homelessness
<b>25-34</b>		Homelessness	Illegal drug use
<b>35-44</b>		Homelessness	Illegal drug use
<b>45-54</b>		Homelessness	Illegal drug use
<b>55-64</b>		Homelessness	Illegal drug use

<b>65-74</b>		Lack of public transportation	Homelessness
<b>75+</b>		Lack of public transportation	Homelessness

Figure 54

## Community Trust

Participants were asked: **"In your community, do people trust one another and look out for one another?"** and given the option to circle, 'Always', 'Sometimes', or 'Never'. With 11,273 participant responses, results showed that the eldest age groups (65 to 74 years old and 75 and older) that had the lowest percentages of participants that never trust one another and look out for one another in their community (figure 108).

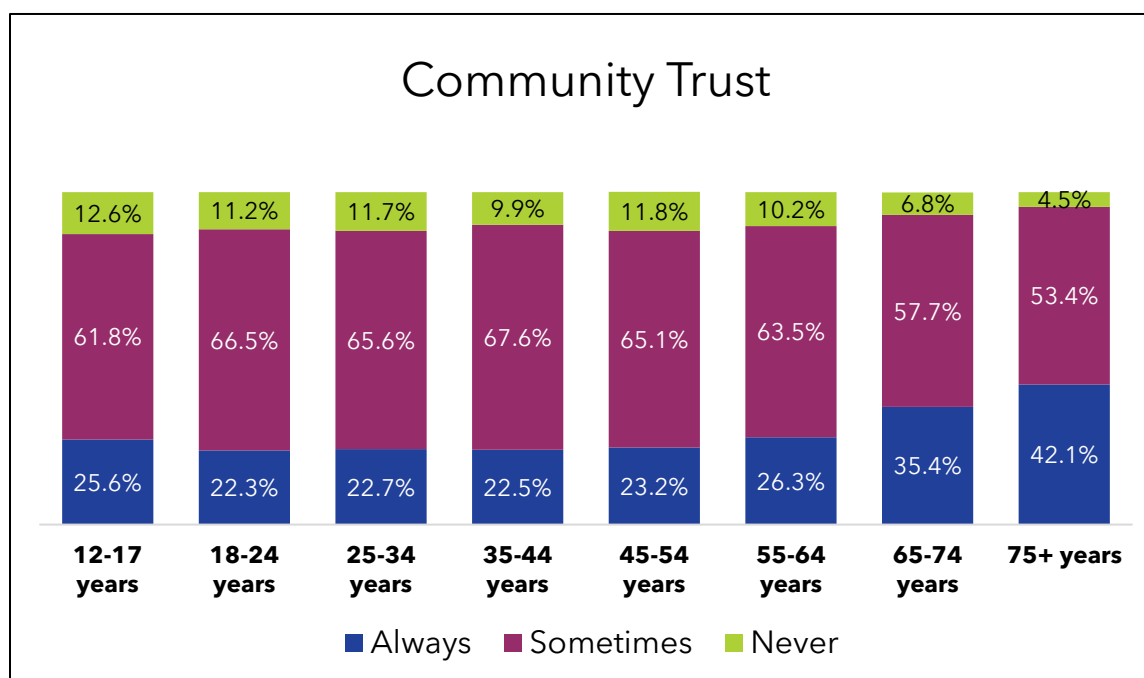


Figure 55

# Appendix A: Regional Profiles

<https://www.maricopa.gov/5614/Regional-Profiles>

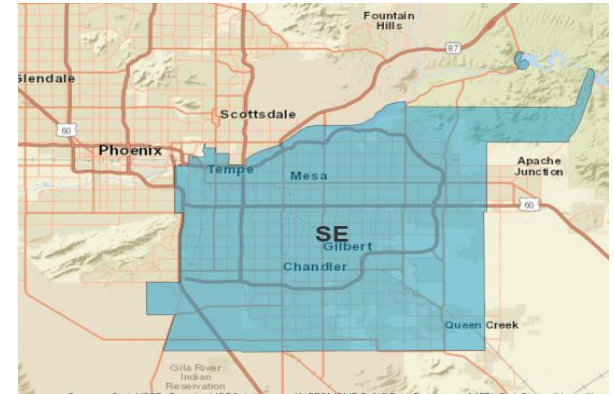
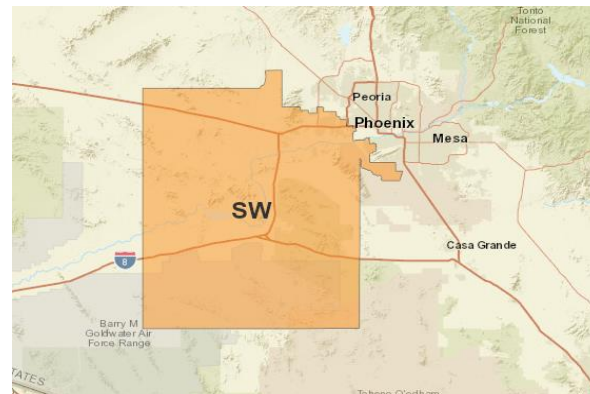
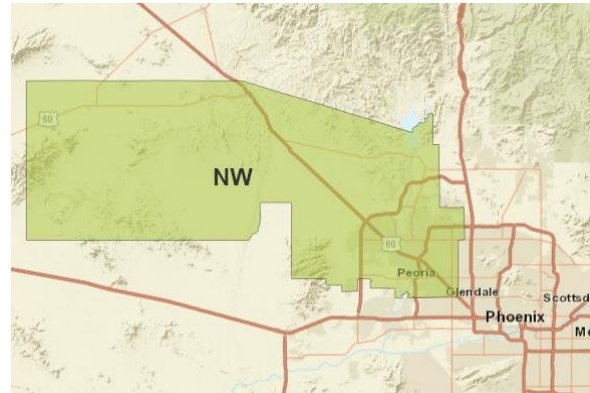
**Northwest Region**

**Northeast Region**

**Southwest Region**

**Southeast Region**

**Central Region- (City of Phoenix)**

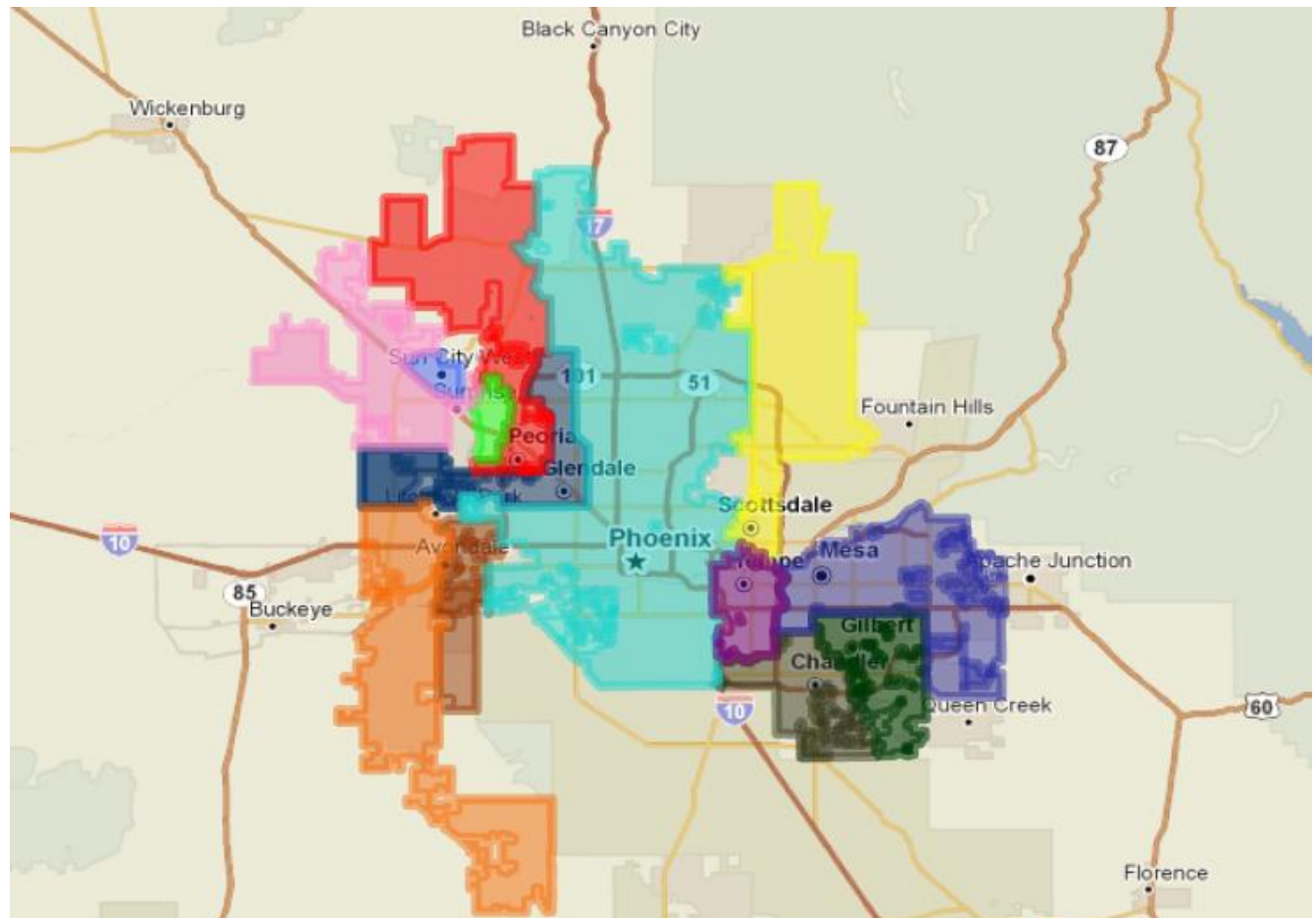




# Appendix B: City Profiles

<https://www.maricopa.gov/5614/Regional-Profiles>

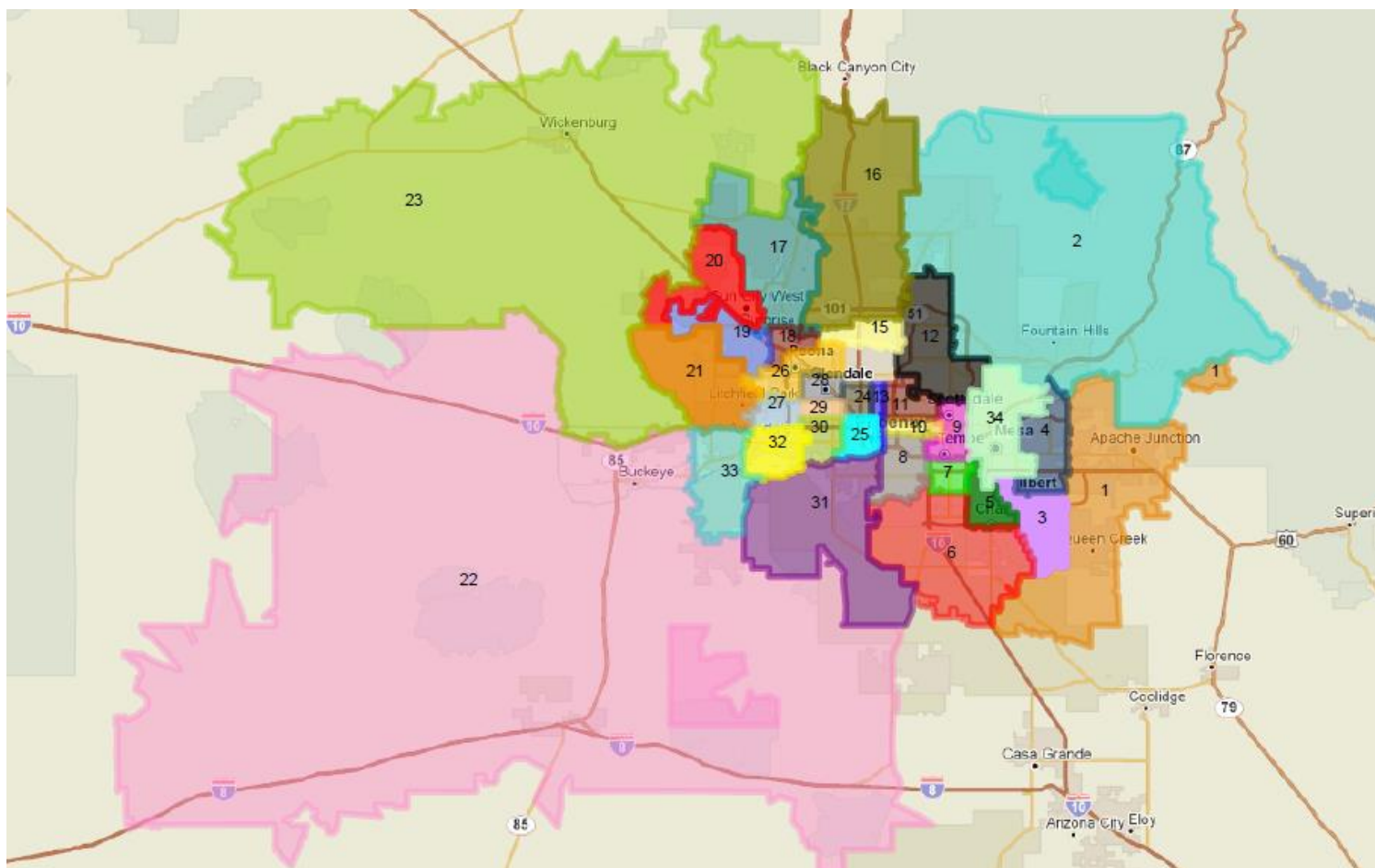
- **City of Avondale**
- **City of Chandler**
- **City of Gilbert**
- **City of Glendale**
- **City of Goodyear**
- **City of Mesa**
- **City of Peoria**
- **City of Phoenix**
- **City of Scottsdale**
- **City of Sun City**
- **City of Sun City West**
- **City of Surprise**
- **City of Tempe**



# Appendix C: Zone Profiles

<https://www.maricopa.gov/5614/Regional-Profiles>

## Zones 1-34



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# Appendix D: Maricopa County Community Health Needs Assessment Survey

The purpose of this brief survey is to get your opinion about issues related to community health and quality of life here in Maricopa County. Information collected in this survey will be kept confidential and used only in combination with others participating in the survey. No personal identifying information will be collected. Your feedback will be used to help guide future community health improvement planning efforts. Thank you for supporting your community. This survey should take about 10 minutes. If you have questions about the survey or need it provided in an alternative format, please visit <http://www.MaricopaHealthMatters.org>.

***In this survey, “community” is defined as the areas where you work, live, learn and/or play.***

**1. In general, how would you rate your physical health?**

Poor Fair Good Very Good Excellent

**2. How would you rate your mental health, including your mood, stress level, and your ability to think?**

Poor Fair Good Very Good Excellent

**3. How often are you able to get the services you need to maintain your mental health?**

Poor Fair Good Very Good Excellent

**4. On a monthly basis, do you have enough money to pay for essentials such as food, clothing and housing?**

Poor Fair Good Very Good Excellent

**5. In your community, do people trust one another and look out for one another?**

Poor Fair Good Very Good Excellent

**6. On a monthly basis, do you have enough money to pay for health care expenses (e.g. doctor bills, medications, etc.)?**

Poor Fair Good Very Good Excellent

**7. How do you pay for your health care (including medications, dental and health treatments)? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Health insurance purchased on my own or by family member | <input type="checkbox"/> Medicare  |
| <input type="checkbox"/> Health Insurance purchased / provided through employer   | <input type="checkbox"/> Travel to a different country to afford health care |
| <input type="checkbox"/> I do not use health care services                        | <input type="checkbox"/> Use free clinics                                    |
| <input type="checkbox"/> Indian Health Services                                   | <input type="checkbox"/> Use my own money (out of pocket)                    |
| <input type="checkbox"/> Medicaid/AHCCCS  | <input type="checkbox"/> Veterans Administration                             |
|   | <input type="checkbox"/> Other: _____  |

**8. What are the biggest barriers to accessing healthcare in your community? (Check up to 3.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Childcare   | <input type="checkbox"/> No health insurance coverage  |
| <input type="checkbox"/> Difficulty finding the right provider for my care | <input type="checkbox"/> Not enough health insurance coverage                                  |
| <input type="checkbox"/> Distance to provider                              | <input type="checkbox"/> Transportation to appointments  |
| <input type="checkbox"/> Inconvenient office hours                         | <input type="checkbox"/> Understanding of language, culture, or sexual orientation differences |
| <input type="checkbox"/> Other   |  |

**9. What are the greatest strengths of your community? (Check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Ability to communicate with city/town leadership and feel that my voice is heard | <input type="checkbox"/> Access to public transportation                                  |
| <input type="checkbox"/> Accepting of diverse residents and cultures                                      | <input type="checkbox"/> Access to religious or spiritual events                          |
| <input type="checkbox"/> Access to affordable after school activities                                     | <input type="checkbox"/> Access to safe walking and biking routes                         |
| <input type="checkbox"/> Access to affordable childcare   | <input type="checkbox"/> Access to services for seniors                                   |
| <input type="checkbox"/> Access to affordable healthy foods   | <input type="checkbox"/> Access to social services for residents in need or crisis        |
| <input type="checkbox"/> Access to affordable housing   | <input type="checkbox"/> Access to substance abuse treatment services                     |
| <input type="checkbox"/> Access to community classes and trainings  | <input type="checkbox"/> Access to support networks such as neighbors, friends and family |
| <input type="checkbox"/> Access to cultural events  | <input type="checkbox"/> Clean environments and streets                                   |
| <input type="checkbox"/> Access to fitness programs   | <input type="checkbox"/> Good place to raise children                                     |
| <input type="checkbox"/> Access to good schools   | <input type="checkbox"/> Low crime/safe neighborhoods                                     |
| <input type="checkbox"/> Access to jobs & healthy economy   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Access to medical care   |   |
| <input type="checkbox"/> Access to mental health services   |   |
| <input type="checkbox"/> Access to parks and recreation sites   |   |
| <input type="checkbox"/> Access to public libraries and community centers                                 |   |

**10. Which health conditions have the greatest impact on your community's overall health and wellness? (Check up to 5.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol/Substance abuse                     | <input type="checkbox"/> High blood pressure or cholesterol   |
| <input type="checkbox"/> Anorexia/bulimia and other eating disorders | <input type="checkbox"/> HIV/AIDS   |
| <input type="checkbox"/> Arthritis                                   | <input type="checkbox"/> Lung disease (asthma, COPD, emphysema)   |
| <input type="checkbox"/> Autism                                      | <input type="checkbox"/> Vaccine preventable disease such as flu, measles, and pertussis (whooping cough) |
| <input type="checkbox"/> Cancers                                     |   |

- ☐ Chronic stress
- ☐ Chronic Pain
- ☐ Dementia/Alzheimer's
- ☐ Dental problems (oral health)
- ☐ Diabetes
- ☐ Food allergies/anaphylaxis
- ☐ Heart disease and stroke

- ☐ Mental health issues (depression, anxiety, bipolar, etc.)
- ☐ Overweight/obesity
- ☐ Sexually transmitted diseases
- ☐ Suicide
- ☐ Tobacco use including vaping
- ☐ Other: \_\_\_\_\_

**11. Which issues have the greatest impact on your community's health and wellness? (Check up to 5.)**

- ☐ Bullying/peer pressure
- ☐ Child abuse/neglect
- ☐ Distracted driving (such as cell phone use, texting while driving)
- ☐ Domestic violence
- ☐ Dropping out of school
- ☐ Elder abuse/neglect
- ☐ Gang-related violence
- ☐ Gun-related injuries
- ☐ Homelessness
- ☐ Homicide (murder)
- ☐ Illegal drug use
- ☐ Limited access to healthcare
- ☐ Lack of affordable healthy food options
- ☐ Lack of affordable housing
- ☐ Lack of child car seats and seat belts use
- ☐ Lack of good jobs

- ☐ Lack of good schools
- ☐ Lack of people immunized to prevent disease
- ☐ Lack of public transportation
- ☐ Lack of quality and affordable childcare
- ☐ Lack of safe spaces to exercise and be physically active
- ☐ Lack of support networks such as neighbors, friends and family
- ☐ Limited places to buy groceries
- ☐ Motor vehicle & motorcycle crash injuries
- ☐ Racism/discrimination
- ☐ Rape/sexual assault
- ☐ Smoking/Electronic cigarette use or vaping
- ☐ Suicide
- ☐ Teen pregnancy
- ☐ Unsafe working conditions
- ☐ Lack of good jobs
- ☐ Other: \_\_\_\_\_

**For the next four questions, please imagine a ladder with steps numbered from one at the bottom to ten at the top. The top of the ladder represents the best possible life and the bottom of the ladder represents the worst possible life.**

- 12.** Which step represents the health of your community?

[illegible]

- 13.** Indicate where on the ladder you feel you personally stand right now.

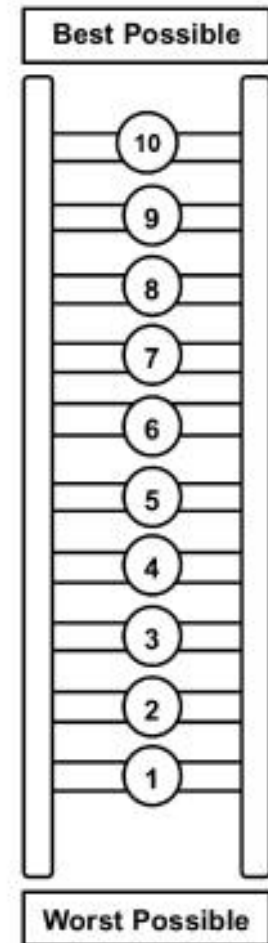
1	2	3	4	5	6	7	8	9	10
Worst Possible								Best Possible	

- 14.** On which step do you think you will stand about five years from now?

1      2      3      4      5      6      7      8      9      10  
Worst Possible Best Possible

- 15.** Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

1	2	3	4	5	6	7	8	9	10	
Worst Possible										Best Possible



**The following information is used for demographic purposes and does NOT identify you; all responses are confidential.**

**16. What is your ZIP code?** \_\_\_\_\_

**17. What is your gender?**

- ☐ Male      ☐ Female      ☐ Transgender      ☐ Other

**18. What is your age?**

- ☐ 12-17      ☐ 25-34      ☐ 55-64      ☐ 65-74  
☐ 18-24      ☐ 35-44      ☐ 45-54      ☐ 75+

**19. What racial or ethnic group do you identify with? (Check only 1.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Multi-racial   |
| <input type="checkbox"/> American Indian: Tribal Affiliation _____ | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other          |

**20. Which group(s) do you most identify with? (Check all that apply.)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult with children    | <input type="checkbox"/> Person experiencing homelessness | <input type="checkbox"/> Veteran                     |
| <input type="checkbox"/> Adult with no children | <input type="checkbox"/> Person with a disability         | <input type="checkbox"/> Person living with HIV/AIDS |
| <input type="checkbox"/> Caregiver              | <input type="checkbox"/> Refugee/Asylum Seeker            | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> LGBTQI                 | <input type="checkbox"/> Single parent                    | <input type="checkbox"/> None                        |
| <input type="checkbox"/> Immigrant              |   |  |



**21. What range is your household income?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$20,000   | <input type="checkbox"/> \$30,000 to \$49,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$29,000 | <input type="checkbox"/> \$50,000 to \$74,000 | <input type="checkbox"/> Over \$100,000       |

**22. What is the highest level of education you have completed?**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than high school graduate | <input type="checkbox"/> Currently enrolled at vocational school or college |
| <input type="checkbox"/> High School Diploma or GED     | <input type="checkbox"/> College degree or higher                           |
| <input type="checkbox"/> Associate degree               | <input type="checkbox"/> Other  |

## Appendix E: Marketing Flyer

**DOES YOUR  
COMMUNITY  
HELP YOU  
LIVE WELL?**

**TAKE  
THE  
SURVEY**

TEXT **@maricopa** TO 39242  
OR VISIT [MARICOPAHEALTHMATTERS.ORG](https://maricopahealthmatters.org)

Standard data and messaging rates may apply.

The logo is a circular seal with a white background and a border of colorful triangles. Inside the circle, the text "Maricopa Health MATTERS .org" is written in blue and black.

**¿CONTRIBUYE  
SU COMUNIDAD  
A QUE USTED  
TENGA BUENAS  
CONDICIONES  
DE VIDA?**

**ENTÉRESE  
CON ESTA  
ENCUESTA**

ENVÍA LA PALABRA **@maricopa** AL NUMERO 39242  
O VISITE [MARICOPAHEALTHMATTERS.ORG](https://maricopahealthmatters.org)

Pudiera haber cargos adicionales por mensaje

The logo is a circular seal with a white background and a border of colorful triangles. Inside the circle, the text "Maricopa Health MATTERS .org" is written in blue and black.

# Appendix F: Social Media Posts



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# References

- [1] Lando J, Williams SM, Williams B, et al. A logic model for the integration of mental health into chronic disease prevention and health promotion. *Prev Chronic Dis*. 2006; 3(2).  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563949/pdf/PCD32A61.pdf>. Accessed June 2020.
- [2] Garfield R, Orgera K, Damico A. The uninsured and the ACA: A Primer - Key facts about health insurance and the uninsured amidst changes to the affordable care act. [https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/#endnote\\_link\\_389478-2](https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/#endnote_link_389478-2). Published January 25, 2019. Accessed June 2020.
- [3] Collins SR, Bhupal HK, Doty MM. Health insurance coverage eight years after the ACA.  
<https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>. Published February 7, 2019. Accessed June 2020.
- [4] Hayes SL, Collins SR, Radley DC. How much U.S. households with employer insurance spend on premiums and out-of-pocket costs: A state-by-state look. <https://www.commonwealthfund.org/publications/issue-briefs/2019/may/how-much-us-households-employer-insurance-spend-premiums-out-of-pocket>. Published May 23, 2019. Accessed June 2020.
- [5] Robert Wood Johnson Foundation. How does where we live, work, learn and play affect our health?  
<https://www.rwjf.org/en/library/research/2011/09/how-does-where-we-live--work--learn-and-play-affect-our-health-.html>. Published September 1, 2011. Accessed June 2020.